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ABSTRACT

Presented is a resource packet used in a conference designed to create and develop a greater awareness and understanding of the implications of the Education for All Handicapped Children Act (PL 94-142). The packet is divided into six sections. The first section deals with PL 94-142 and provides an overview of the law, a compliance matrix, definitions of terms, and full service planning forms. Section 2 focuses on individualized education programs and includes selected regulations for PL 94-142 and an analysis worksheet. Procedural safeguards are covered in section 3; provided are questions and answers regarding due process and record-keeping and confidentiality, a self-administered due process guide, policy regarding nondiscriminatory evaluation, and policies for the development and use of anecdotal records. Section 4 identifies some of the possible resources in the area of personnel development. The fifth section presents 12 programs known as operationalizing the least restrictive environment. The last section alphabetically lists 42 resources. (BD)

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ED161188

A Resource Packet for use

in the conference

"Advancing the Handicapped and School Administration"

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P.L. 94-142

"NOT JUST A LAW - A DARN GOOD IDEA"

Sponsored by

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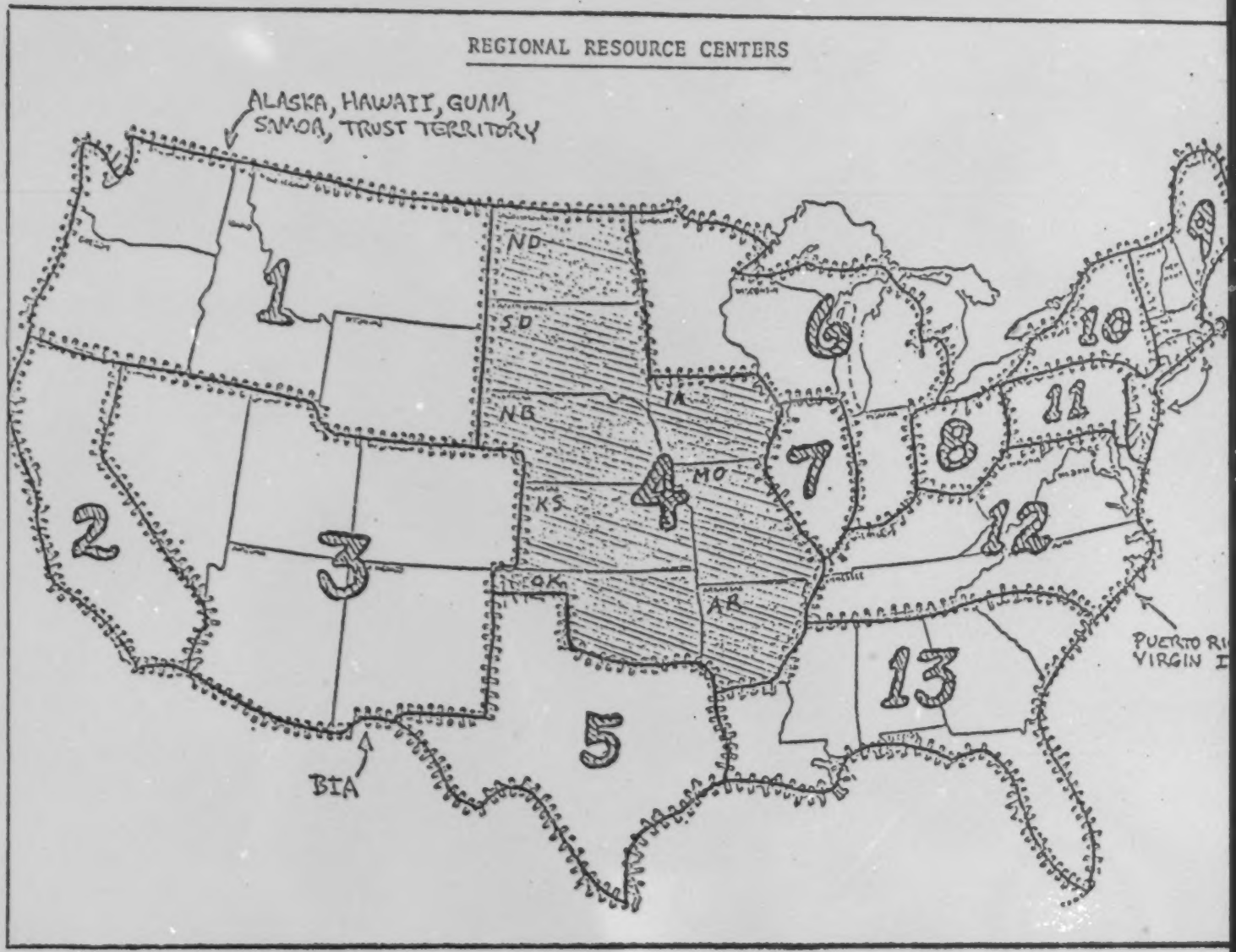
WHAT IS THE MIDWEST REGIONAL RESOURCE CENTER -- the MRRC assists states in their development of an intrastate capacity to meet appraisal and programming needs of handicapped children. The MRRC encompasses four broad workscopes which include:

1. state program development
2. educational apprsisal of handicapped children
3. educational programming for handicapped children
4. sharing resources

It delivers assistance through workshops, technical assistance, conferences, consultation, provision of direct appraisal and/or programming services, information dissemination, facilitation of model and experimental program development in appraisal and/or programming, and reinforcement of state staff. The Midwest Regional Resource Center is located at Drake Univ. in Des Moines, Iowa.

Coordinating the thirteen RRCs is a national office called the Coordinating Office for Regional Resource Centers (CORRC). CORRC is housed at the University of Kentucky in Lexington, Kentucky.

The Regional Resource Center Network is funded by the Feddral Bureau of Education for the Handicapped.



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PREFACE

Equal ≠ Same

While there are still questions being raised regarding the interpretation of the Education for All Handicapped Children Act of 1975 (P.L. 94-142), there is no question regarding its impact upon the educational community. Simultaneously applauded and condemned, there have been few other legislative actions which have encapsulated the potential for change found in P.L. 94-142. Correspondingly, there have been few other legislative actions which have created the immediate need for clear, concise information, and prompt action.

In response to that need, the American Association of School Administrators, the Bureau for Education of the Handicapped, and the Midwest Regional Resource Center are pleased to sponsor this workshop for the professional educators of this region. While its primary objective is to create and develop a greater awareness and understanding of the tenets and implications of P.L. 94-142 in providing full services to handicapped children, it is also hoped that the participants may gain an appreciation of the notion that its not just a law, its a darn good idea.

In planning the activities of the workshop, the Midwest Regional Resource Center worked closely with the American Association of School Administrators and the Bureau of Education for the Handicapped to design a format which would maximize the participants opportunities to attain that objective. As an aid, the Midwest Regional Resource Center compiled the information contained in this resource packet. The specific items are only a few of the many materials that are available across the country. Some were included as resources to selected portions of the workshop and others as reference materials for your future use.

The Midwest Regional Resource Center hopes that the workshop will be a most productive and meaningful experience.

TABLE OF CONTENTS

Section I: P.L. 94-142 (Yellow)

Overview of P.L. 94-142
P.L. 94-142 Compliance Matrix
Definition of Terms
Full Service Planning Forms

Section II: Individualized Education Program (Blue)

Introduction to IEP's
Individualized Education Program
- Selected Regulations for P.L. 94-142
The Administrative Process
The Individual Education Program (IEP)
Flowchart: Placement Committee Functions
Sample Distribution of Responsibilities of Committee Members
IEP Analysis Worksheets

Section III: Procedural Safeguards (Lt. Pink)

Does Due Process Scare You?
Due Process Flow Chart
Due Process
- Questions and Answers
Self-Administered Due Process Guide
Record-Keeping and Confidentiality
- Questions and Answers
Policy Regarding Nondiscriminatory Evaluation
Policies for the Development and Use of Anecdotal Records

Section IV: Personnel Development (Green)

Informal Diagnosis and Prescriptive Programming
Competencies for Teaching
Computer Assisted Renewal Education (C.A.R.E.)
Council for Exceptional Children
Directory of Training Materials
Exceptional Teaching
Fore
Learning Opportunities for Teachers
National Instructional Materials Information System (N.I.M.I.S.)
The Principals Training Program
Public Law 94-142
The Teacher Training Program (TIP)

Section V: Least Restrictive Environment (Orange)

Teach Children - Not Categories
Should You Create Another Classroom?
Autism Program in Iowa
Capper Foundation
Educational Resource Strategist
Eastern Nebraska Community Office of Retardation (ENCOR)
Implementation of a Service Delivery Model for Public Schools in a Rural Setting
Jackson County Direction Service Center
MAZE
MESH Project
Orchard Place
Portage Project
Severe Personal Adjustment
South Dakota Preschool Programs

Section VI: Resources (Dk. Pink)

Section I: P.L. 94-142

OVERVIEW OF P.L. 94-142
"The Education for All Handicapped Children Act of 1975"

Would you, as a professional educator, be interested in and supportive of federal legislation which was designed to:

- assure that all handicapped children had available to them a free appropriate public education which emphasized special education and related services designed to meet their unique needs, and
- to assure that the rights of the handicapped children and their parents or guardians were protected, and
- to assist states and local educational agencies in providing for the education of all handicapped children, and
- to assess and assure the effectiveness of efforts to educate all handicapped children?

If so, then you will find the components of P.L. 94-142 supportive of efforts to provide appropriate educational experiences for the handicapped children of your state.

The evolution of P.L. 94-142 covered a period of approximately three years, beginning with the repeal of Title VI, ESEA 89-10 and the enactment of P.L. 91-230, Amendments to the Elementary and Secondary Education Act. Part B of that act authorized the initial grants to the states and outlying areas to assist them in initiating, expanding, and improving programs for the education of handicapped children.

The next significant step taken by the Federal Government came in 1974 with the passage of the Mathias amendment, P.L. 93-380. The intent of these amendments was to provide financial assistance, over $660 million for fiscal year 1975, to the states for mandates set in the act to identify, locate, and evaluate all handicapped children; to establish full educational opportunities for all handicapped children; and to establish a full service timetable. This laid the basis for comprehensive planning, additional financial assistance to States, and protection of the rights of handicapped children by due process procedures and assurances of confidentiality.

With the intent of further amending Part B of P.L. 93-380, to insure expansion of its provisions for handicapped children, the Education for All Handicapped Children Act (P.L. 94-142) was initially introduced into Congress on January 1, 1974 and reintroduced on January 15, 1975. Congressional and conference committee action took place during the summer of 1975 with the President officially signing the Act on November 18, 1975.

Although the Act provides for a large authorized increase in funding through 1982, it also carries tremendous state and local education administrative responsibilities. If the respective components of the Act can be implemented within the timelines specified, with adequate preparations and appropriations, the long standing goal of a free, appropriate educational opportunity for <u>all</u> children may be realized.

PL 94-142 COMPLIANCE MATRIX

The vertical axis of the matrix (below) identifies twelve (12) requirements of PL 94-142. The horizontal axis lists ten (10) operational tasks called for by PL 94-142. Those cells which are required by PL 94-142 have an "R" in the upper left-hand corner. The first cell in the matrix containing an "R" indicates that PL 94-142 requires <u>procedures</u> for Child Find.

PL 94-142 COMPLIANCE MATRIX
EDUCATING HANDICAPPED CHILDREN AND PARENT RIGHTS
<u>OPERATIONAL TASKS:</u>

<u>PL 94-142 REQUIREMENTS:</u>	CHILD-FIND	REFERRAL BY OTHERS	PRELIMINARY SCREENING	FORMAL ASSESSMENT	DEVELOP -- IEP	PLACEMENT (DENY PLACEMENT)	REVIEW IEP	EXIT DISTRICT	PUPIL RECORDS	PROGRAM EVALUATION
PROCEDURE	R			R	R	R	R		R	R
NOTICE				R		R		R		
ACCESS TO RECORD				R	R	R	R	R	R	
PARENT PARTICIPATION					R		R			
PARENT CONSENT				R		R				
SURROGATE PARENT				R		R		R		
HEARING				R		R			R	
MAINSTREAM					R	R	R			
NON-DISCRIMINATION				R						
DISCLOSURE TO OTHERS									R	R
INDEPENDENT ASSESSMENT				R			R			
TRAINING PERSONNEL			?	?	?	?	?		R	

P. Latta and L. Swift. <u>P.L. 94-142, Due Process and Confidentiality Participants' Workbook</u> (First Draft). State of Washington, Office of Superintendent of Public Instruction. June 16, 1976.

Definitions

"Special education" means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. The term includes speech pathology, audiology, occupational therapy, and physical therapy, if the service is considered "special education" rather than a "related service" under State standards.

"Handicapped children" means those children evaluated by qualified professionals as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or children with specific learning disabilities, who by reason thereof require special education and related services. The terms used in this definition are defined as follows:

a. "Deaf" means a hearing impairment which is so severe that the child's hearing is non-functional for the purposes of educational performance.

b. "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

c. "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

d. "Orthopedically impaired" means a severe orthopedic impairment, evaluated with a corrective device, which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., fractures or burns which cause contractures, amputation, cerebral palsy, etc.).

e. "Seriously emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms, pains, or fears associated with personal or school problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted but not emotionally disturbed.

4. working with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and

5. planning and managing a program of psychological services, including psychological counseling for pupils and parents.

H. "Recreation" includes leisure education.

I. "Speech pathology" means:

1. the identification of children with speech or language disorders;

2. diagnosis and appraisal of specific speech or language disorders;

3. referral for medical or other professional attention necessary to the habilitation of speech or language disorders;

4. provision of speech and language habilitation; and

5. counseling and guidance of parents, children, and teachers.

Taken from: Advancing the Handicapped and School Administration Workshop. Southwest Regional Resource Center, University of Utah, 2363 Foothill Drive, Suite G, Salt Lake City, Utah 84109. 1977. pp. 2-5.

Related Services

"Related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of handicapping conditions in children, school social work services, counseling services (including parent counseling and training, providing parents with information about child development, and assisting parents in understanding the special needs of their child), and medical services for diagnostic or evaluation purposes. The terms used in this definition are defined as follows:

A. "Audiology" means:

1. identification of children with hearing loss;

2. determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;

3. provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;

4. creation and administration of programs of hearing conservation; and

5. counseling and guidance of pupils, parents, and teachers.

B. "Counseling services" means activities conducted by a certified counselor.

C. "Early identification" means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

D. "Medical services" means procedures performed by a licensed physician to determine a child's need for special education and related services.

E. "Occupational therapy" means services provided by a licensed occupational therapist.

F. "Physical therapy" means activities for restoring damaged or atrophied muscles to optimum use.

G. "Psychological services" means:

1. administering psychological and educational tests;

2. interpreting the results;

3. gathering and interpreting information about pupil behavior;

f. "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, of motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantages.

g. "Speech impaired" means a communication disorder, including impaired language, rhythm, voice, or articulation, which adversely affects a child's educational performance.

h. "Visually handicapped" means a visual impairment which, after correction, adversely affects a child's educational performance. The term includes both partially sighted and blind children.

i. "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophelia, epilepsy, lead poisoning, leukemia, or diabetes.

Planning Forms

The following section of the Planning Guide consists of forms to be used in reviewing the existing program and planning for the development of additional program elements leading to a full services program. The forms consist of Program Element statements abstracted from the Model Program.

The first step in the final planning process is for the planning team to revise the program element statements to make them consistent with the team's revision of the model program. The resulting list of program elements should reflect those parts of the local program that the planning team will recommend for implementation.

In using the planning forms, the team should consider each program element independently. First, is this program element adequate as it is currently operating? The term "adequate" should be defined operationally as it is described in the model program. If the team decides that the first program element is adequate, it should be checked off and the next element considered.

If the program element is deemed not adequate at the present time, two possibilities should be considered. It may be possible that the program element can be implemented through administrative reassignment of existing personnel or financial resources. This may be achieved through the reordering of priorities within the instructional program. In assessing available financial resources, the planning team should consider flow-through federal funds connected with P.L. 94-142. If the program element can be developed and implemented in this fashion without additional financial resources, the second column should be checked.

But if, after review of existing resources, the determination is made that additional financial or other resources are needed to develop and implement the program element, the planning team should note in the third column the action and funds required.

Thus, when these forms have been completed, the Planning Guide represents an assessment of what program elements exist currently, what could be instituted with available resources, and what elements will need additional financing to achieve a full services program.

This section of information on full services planning was taken from: A Planning Guide for the Development and Implementation of Full Services for All Handicapped Children. National Association of State Directors of Special Education, 1201 Sixteenth Street, N.W., Washington, D. C. 20036. (202) 833-4193

Special Education
Full Services Program Model
Planning Guide

Program Element	Adequate?	Can be developed without additional resources?	Action requi for adequa developmen
A. Awareness System			
1. Policy assuring awareness system			
2. Personnel to administer awareness system			
3. Training program for personnel involved in awareness system			
4. Procedures for awareness system developed			
5. Awareness materials developed			
6. Personnel to conduct mass screening activities			
7. Mass screening instruments available			
8. Personnel to conduct classroom visits			
9. Personnel to conduct home visits			
10. Individual screening instruments available			
11. Personnel to conduct individual screening			
12. Personnel to prepare referrals for comprehensive assessment			
13. Parental permission forms for referral for individual screening available			
14. Parental permission forms for referral for comprehensive assessment available			

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
B. Assessment Activities			
1. Policy providing multi-sourced diagnostic evaluation and comprehensive staffing			
2. Policy assuring protection in child evaluation procedures			
3. Management system to coordinate assessment activities			
4. Trained personnel to coordinate and supervise comprehensive assessment activities			
5. School personnel to conduct assessment activities Psychological assessment Educational assessment Social history Specialized diagnostics Other			
6. Procedures available to secure non-school personnel for specialized diagnostic information as needed			
7. Appropriate diagnostic material available			
8. Procedures for multi-disciplinary staffing			
9. Procedures for comprehensive written report for all children evaluated			
10. Procedure for interpreting assessment findings and recommendations to parents			
11. Procedures for informing parents of procedural safeguards			

Special Education
Full Services Program Model
Planning Guide [continued]

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
12. Facilities for assessment sequence activities			
13. Provision of transportation for family to assessment site if necessary			
14. Inservice training program for personnel involved in assessment activities			
C. Placement Activities			
1. Management system to coordinate placement activities			
2. On-going training program for personnel involved in placement activities			
3. Procedures assuring least restrictive placement in accordance with individual education program			
4. Personnel to coordinate and supervise placement activities			
5. Personnel to staff placement activities			
6. Provisions for released time for personnel to participate in placement activities			
7. Individual education plan developed for every child served by special education program. Children served through placements outside of the division			
8. Facilities for placement activities			
9. Procedures for parental involvement in individual education program			

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
10. Procedures for parental approval of IEP			
11. Placement alternatives:			
a. Regular classroom with supportive services to teacher and/or child through itinerant or resource teacher			
b. Diagnostic classroom placement			
c. Regular classroom with part-time placement in resource room			
d. Special classroom allowing integration with non-handicapped students for certain programs and activities			
e. Self-contained special classroom for all or a major portion of day			
f. Special center or school			
g. Public day school program			
h. Private day school program			
i. Residential programs providing special education and related services			
j. Home and/or hospital instruction			
k. Home and center based preschool instruction for children and parents			
12. A full range of supportive services available			

Special Education
Full Services Program Model
Planning Guide [continued]

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
13. Procedures to assure confidentiality of records			
14. Procedures to assure due process rights for children and parents available			
15. Due process procedures for LEA			
D. Instructional Activities			
1. Policy assuring individual education plan for all children served directly by LEA or through services outside of LEA			
2. Policy assuring individual education plan for all children served outside of LEA to fulfill intent of free, appropriate public education			
3. Program standards for each type of program alternative			
4. Management system to assure involvement of instructional and support personnel working with an individual child to participate in the development and implementation of the child's individual instruction plan			
5. Facilities to assure optimum instructional program			
6. Instructional materials to assure appropriate individualized instructional programs			
7. Procedure to assure periodic updating of individual instruction plan and setting of new objectives			
8. Procedures for annual review to assure appropriateness of IEP			

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
9. Staff supervision available			
10. Technical assistance available			
11. Facilities for support service personnel where they work with children			
12. Clerical help for support service personnel to assist in report preparation			
13. Clerical help for instructional personnel to assist in maintenance of individual education plans			
14. Procedures to assure participation of teachers in parent conference activities			
15. On-going inservice training program for all personnel involved in instructional activities with handicapped children			
E. Administration and Supervision			
1. Statements of responsibilities for special education program developed and published			
2. Personnel to supervise total program			
3. Advisory committee (including parents and handicapped individuals) appointed and operational			
4. Special education plan developed and published			

Special Education
Full Services Program Model
Planning Guide [continued]

Program Element	Adequate?	Can be developed without additional resources?	Action required for adequate development?
5. Program and procedures manual developed and published including: Special education policies Roles and responsibilities Awareness and screening activities Assessment activities Placement activities Instructional activities Due process procedures Confidentiality procedures Forms and usage instructions			
6. Inservice training program for all personnel (instructional and non-instructional) who deal with the handicapped			
7. Approval of local plan by local school board			
8. Approval of local plan by State Department of Education			

Section II: Individualized Education Program

INTRODUCTION TO IEP'S

Recognized as one of the major components of P.L. 94-142, the systematically developed Individualized Education Program (IEP) represents a series of articulated statements relative to the educational activities of every student in a district's special education or special services program.

Conceptually the need for an organized and prescriptive series of activities for handicapped students is far from new. Most instructional and special support staff became accustomed to thinking in terms of measurable objectives and/or performance criteria during their teacher training days. However, the procedural and organizational components of the IEP, as contained in P.L. 94-142, are significantly more precise and need careful exploration and understanding if their full benefits are to be realized.

In mandating individualized education programs, the law alludes to both the procedures for the development, as well as the specifics to be included in the document. The IEP is developed in a meeting by a representative of the local educational agency, the child's teacher(s), the parents (or guardian of the child, where appropriate), the child (where appropriate), and other individuals at the discretion of the parents or agency. Thus, the IEP will not simply express the expectations of one individual, but will reflect a series of collectively developed, articulated statements.

The specific components of the IEP are:

* a written statement of the child's present level of educational performance.

* a statement of annual goals, developed according to the child's levels of educational performance, and specifying the behavior to be achieved through the implementation of the child's individualized education program.

* a list of short-term instructional objectives which serve as the steps in achieving each annual goal.

* a statement of appropriate objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the instructional objectives are being achieved.

* a statement of the extent to which the child will be able to participate in a regular education program

* a description of all special education and related services which are required to meet the child's needs, any special instructional media and materials to be provided; and the type of physical education program in which the child will participate.

* the projected date for initiation and the anticipated duration of these services.

The procedures for developing an IEP are less inclusive. However, some very specific safeguards which schools must provide are stated. Some are:

* the establishment of policies and procedures which insure the child's rights to due process.

* the establishment of policies and procedures which insure the confidentiality of information.

* the establishment of policies and procedures which insure the placement of the child in the least restrictive environment possible.

* the establishment of policies and procedures to insure that the testing of a handicapped child is free of bias, due to race, creed, religion, sex, language, or cultural heritage.

* the use of staffings with representation of parents and school district personnel to develop IEPs.

* the development of performance criteria and monitoring procedures for each IEP.

Some statements in the aforementioned material were extracted from: "An Introduction to Individualized Education Program Plans In Pennsylvania." King of Prussia, Pennsylvania: The National Learning Resource Center of Pennsylvania, January, 1977.

INDIVIDUALIZED EDUCATION PROGRAMS

Selected Regulations

for

P.L. 94 - 142

Provided by The Council
for Exceptional Children

Subpart A

§121a.4 Definitions

- Handicapped children
- Related services
- Special education

Subpart B STATE ANNUAL PROGRAM PLANS AND LOCAL APPLICATIONS

§121a.20 - Public participation

(a) Each annual program plan must include procedures which insure that the requirements § 121a.130-121a.132 are met.

§121a.30 - Individualized Education Programs

(a) Each annual program plan must include information which shows that each local educational agency in the State maintains records of the individualized education program for each handicapped child, and each local educational agency establishes, reviews, and revises each program as provided in Subpart C.
(b) Each annual program plan must include:
(1) A copy of each State statute, policy, and standard that regulates the manner in which individualized education programs are developed, implemented, reviewed, and revised, and
(2) The procedures which the State educational agency follows in monitoring and evaluating those programs.

§121a.47 - Annual evaluation

Each annual program plan must include procedures for evaluation at least annually of the effectiveness of programs in meeting the educational needs of handicapped children, including evaluation of individualized education programs.

LEA APPLICATIONS

§121a.111 - Information - reports

Each application must provide that the local educational agency furnishes information (which, in the case of reports relating to performance, is in accordance with specific performance criteria developed by the local educational agency and related to program objectives) as may be necessary to enable the State educational agency to perform its duties under this part, including information relating to the educational achievement of handicapped children participating in the local educational agency's programs for handicapped children.

§121a.114 - Individualized Education Programs

Each application must include procedures to assure that the local educational agency complies with §§ 121a.220-121a.226 of Subpart C.

Subpart C SERVICES

§121a.203 - Physical education

(b)(2) The child needs specially designed physical education, as prescribed in the child's individualized education program.
(d) If specially designed physical education are prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for it to be provided through other public or private programs.

INDIVIDUALIZED EDUCATION PROGRAMS

§121a.220 - Scope

Each State and local educational agency shall insure that an individualized education program is provided for each handicapped child who is receiving or will receive special education, regardless of what institution or agency provides or will provide special education to the child.

§121a.221 - State educational agency responsibility

(a) The State educational agency shall insure that each local educational agency establishes and implements an individualized education program for each handicapped child.
(b) The State educational agency shall require each public agency which provides special education or related services to a handicapped child to establish policies and procedures for developing, implementing, reviewing, maintaining, and evaluating an individualized education program for that child.

§121a.222 - Local educational agency responsibility

(a) Each local educational agency shall develop, or revise, whichever is appropriate, an individualized education program for every handicapped child at the beginning of the school year, and review and if appropriate revise its provisions periodically, but not less than annually.
(b) Each local educational agency is responsible for initiating and conducting meetings for developing, reviewing, and revising a child's individualized education program.
(c) For a handicapped child who is receiving special education, a meeting must be held early enough so that the individualized education program is developed (or revised, as appropriate) by the beginning of the next school year.
(d) For a handicapped child who is not receiving special education, a meeting must be held within thirty days of a determination that the child is handicapped, or that the child will receive special education.

(20 U.S.C. 1414(a)(5).)

Comment. The Conference report for Public Law 94-142 states:

The conference substitute also requires each local educational agency to provide assurances that it will establish, or revise, whichever is appropriate, an individualized education program for each handicapped child at the beginning of each school year and will then review and, if appropriate revise, the provisions of such program periodically, but not less than annually. In the initial year of a handicapped child's participation in a program of free appropriate public education the individualized education program shall be established at the beginning of the school year and reviewed at least once during that year. Thereafter, the Conferees intend that this provision requires at least one annual review of the child's individualized education program.
(H. Rept. No. 94-664 P. 39 (1975).)

§121a.223 - Participants in meetings

The local educational agency shall insure that each meeting includes the following participants:

(a) A representative of the local educational agency, other than the child's teachers, who is qualified to provide, or supervise the provision of, special education.

(b) The child's teacher (or teachers), special or regular, or both, who have a direct responsibility for implementing the child's individualized education program.

(c) One or both of the child's parents, subject to §121a.225.

(d) Where appropriate, the child.

(e) Other individuals, at the discretion of the parent or agency.

§121a.224 - Parent participation

(a) Each local educational agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed on time and place.

(b) If neither parent can attend, the local educational agency shall use other methods to insure parent participation, including individual or conference telephone calls.

(c) A meeting may be conducted without a parent in attendance if the local educational agency is unable to convince the parents that they should attend. In this case the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place, such as:

(1) Detailed records of telephone calls made of attempted and the results of those calls.

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

(d) The local educational agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

§121a.225 - Content of individualized education programs

The individualized education program for each child must include:

(a) A statement of the child's present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills.

(b) A statement of annual goals which describes the educational performance to be achieved by the end of the school year under the child's individualized education program.

(c) A statement of short term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.

(d) A statement of specific educational services needed by the child, (determined without regard to the availability of those services) including a description of:

(1) All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and

(2) Any special instructional media and materials which are needed.

(e) The date when those services will begin and length of time the services will be given.

(f) A description of the extent to which the child will participate in regular education programs.

(g) A justification for the type of educational placement which the child will have.

(h) A list of the individuals who are responsible for implementation of the individualized education program.

(i) Objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

§121a.226 - Private school placements

(a) The State educational agency shall insure that an individualized education program is developed, maintained, and evaluated for each child placed in a private school by the State educational agency or a local educational agency.

(b) The agency which places or refers a child shall insure that provision is made for a representative from the private school (which may be the child's teacher) to participate in each meeting. If the private school representative cannot attend a meeting, the agency shall use other methods to insure participation by the private school, including individual or conference telephone calls.

Subpart D PRIVATE SCHOOLS

§121a.320 - Responsibility of State educational agency

Each State educational agency shall insure that a handicapped child who is placed in or referred to a private school or facility by the State educational agency or a local educational agency:

(a) Is provided special education and related services.

(1) In conformance with an individualized education program which meets the requirements under §121a.220-121a.227 of Subpart C.

Subpart E PROCEDURAL SAFEGUARDS

- Protection in Evaluation Procedures

§121a.431 - Evaluation; change in placement

(a) An evaluation must be conducted before any action is taken with respect to:

(1) The initial placement or denial of placement of a handicapped child in a special program, or

(2) The transfer or denial of transfer of a child from a special education program to full-time regular class placement.

(b) Subject to paragraph (a) of this section, and the requirement of reevaluation in §121a.433, any change in a child's special education placement (such as changing from a self-contained special class to a resource room) must be based on:

(1) The child's current individualized education program, and

(2) Any other information relating to the child's current educational performance.

§121a.433 - Reevaluation

Each State and local educational agency shall insure:
(a) That in accordance with Subpart C, each handicapped child's individualized education program is revised periodically, but not less than annually.

Least Restrictive Environment

§121a.442 - Placements

Each State and local educational agency shall insure that:
(a) Each handicapped child's educational placement:
(1) Is determined at least annually, and
(2) Is based on his or her individualized education program;
(b) To the extent necessary to implement an individualized education program for each handicapped child, the applicable agency must provide, or arrange for the provision of all of the various alternative placements included under §121a.441 of this subpart.
(c) Unless a handicapped child's individualized education program requires some other arrangement, the child is educated in the school which he or she would attend if not handicapped.

Subpart F STATE ADMINISTRATION

No specific IEP provisions.

Subpart G ALLOCATION OF FUNDS; REPORTS

No specific IEP provisions.

Part 121m - Incentive Grants

No specific IEP provisions

THE ADMINISTRATIVE PROCESS

Dr. Scottie Torres
The Council for Exceptional Children

* What are the key administrative decisions that must be made in a system to operationalize IEPs?

* What types of personnel will be used in all aspects of developing an IEP?

* What, if any, new personnel are needed?

* What classes of information are personnel going to be required to collect and report?

* What changes/expansions of role definitions for personnel will occur as a result of IEP?

* What administrative directions will be necessary to relay to all professionals in order to effect IEPs?

* What are the best organizational structures for IEP? (Building level vs. system level)

* How much "group process" knowledge must be realized to effect IEPs?

* What are the staff development requirements as a result of IEPs (which personnel, type, amount, cost, etc.)?

* What forms are necessary?

* What sign-offs and by whom are needed and when?

* How much and what kind of parent education is needed?

* How does one schedule the meeting? (Contracts, timing, freeing teachers, etc.)

* What is the difference between periodic review and reevaluations regarding IEPs?

* How will organizational procedures vary for IEPs developed for a child:

  (a) Within a school system
  (b) Currently in an institution
  (c) Currently in a private school

THE INDIVIDUAL EDUCATION PROGRAM (IEP)

WHAT IS AN "IEP"?

A written statement describing the educational objectives for and the services to be provided to each handicapped child. Educational objectives and services include both instruction and those related services required to meet the unique needs of the handicapped child and are derived from a careful evaluation of the child and his environment. The elements included in the plan are statements of present educational performance, annual goals, short-term instructional objectives and services to be provided to meet these objectives, conditions under which services will be delivered (where, when, and by whom) and evaluation criteria.

FOR WHOM IS THE "IEP"?

"Each handicapped child who is receiving or will receive special education, regardless of what institution or agency provides or will provide special education to the child."

WHEN IS THE "IEP" DEVELOPED?

For a handicapped child who is receiving special education, the "IEP' must be developed by or at the beginning of the school year.

For a handicapped child who is not receiving special education, the "IEP" must be developed within thirty (30) days of a determination that the child is handicapped, or that the child will receive special education.

HOW OFTEN IS THE "IEP" DEVELOPED?

The "IEP" may be revised as often as necessary, but must be reviewed and revised not less than annually.

WHO IS RESPONSIBLE FOR THE "IEP"?

Each local education agency (LEA) shall develop or revise, whichever is appropriate, an "IEP" for every handicapped child.

The state educational agency shall insure that an "IEP" is developed, maintained, and evaluated for each handicapped child placed in a private school by the state educational agency or a local educational agency.

WHO SHALL BE THE PARTICIPANTS IN THE MEETING FOR DEVELOPING THE "IEP"?

A. A representative of the LEA, other than the child's teachers, who are qualified to provide, or supervise the provision of special education;
B. The child's teacher or teachers, special or regular, or both, who have a direct responsibility for implementing the child's "IEP";
C. One or both of the child's parents;
D. Where appropriate, the child;
E. Other individuals, at the discretion of the parent or agency.

HOW DO PARENTS PARTICIPATE IN THE "IEP"?

A. Each local educational agency shall take steps to insure that one or both of the parents of the handicapped child are present

at each meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed on time and place.

B. The local educational agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

WHAT IF THE PARENT IS UNWILLING OR UNABLE TO ATTEND THE IEP MEETING?

A. If neither parent can attend, the local educational agency shall use other methods to insure parent participation, including individual or conference telephone calls.

B. A meeting may be conducted without a parent in attendance if the local educational agency is unable to convince the parents that they should attend. In this case the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place, such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls,

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

WHAT ARE THE CONTENTS OF AN "IEP"?

A. A statement of:

1. Child's present levels of educational performance including:

A. Academic achievement

B. Social Adaptation

C. Prevocational and vocational skills

D. Psychomotor skills, and

E. Self-help skills

B. Statement of:

1. Annual goals describing the educational performance to be achieved by the end of the school year.

C. Statement of:

1. Short term instructional objectives which must be measurable intermediate steps between the present level of educational performance and the annual goals.

D. Statement of:

1. Specific educational services needed by the child, (determined without regard to the availability of those services) including a description of:

A. All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate; and

B. Any special instructional media and materials which are needed;

C. The date when these services will begin and length of time the services will be given;

D. A description of the extent to which the child will participate in regular education programs;

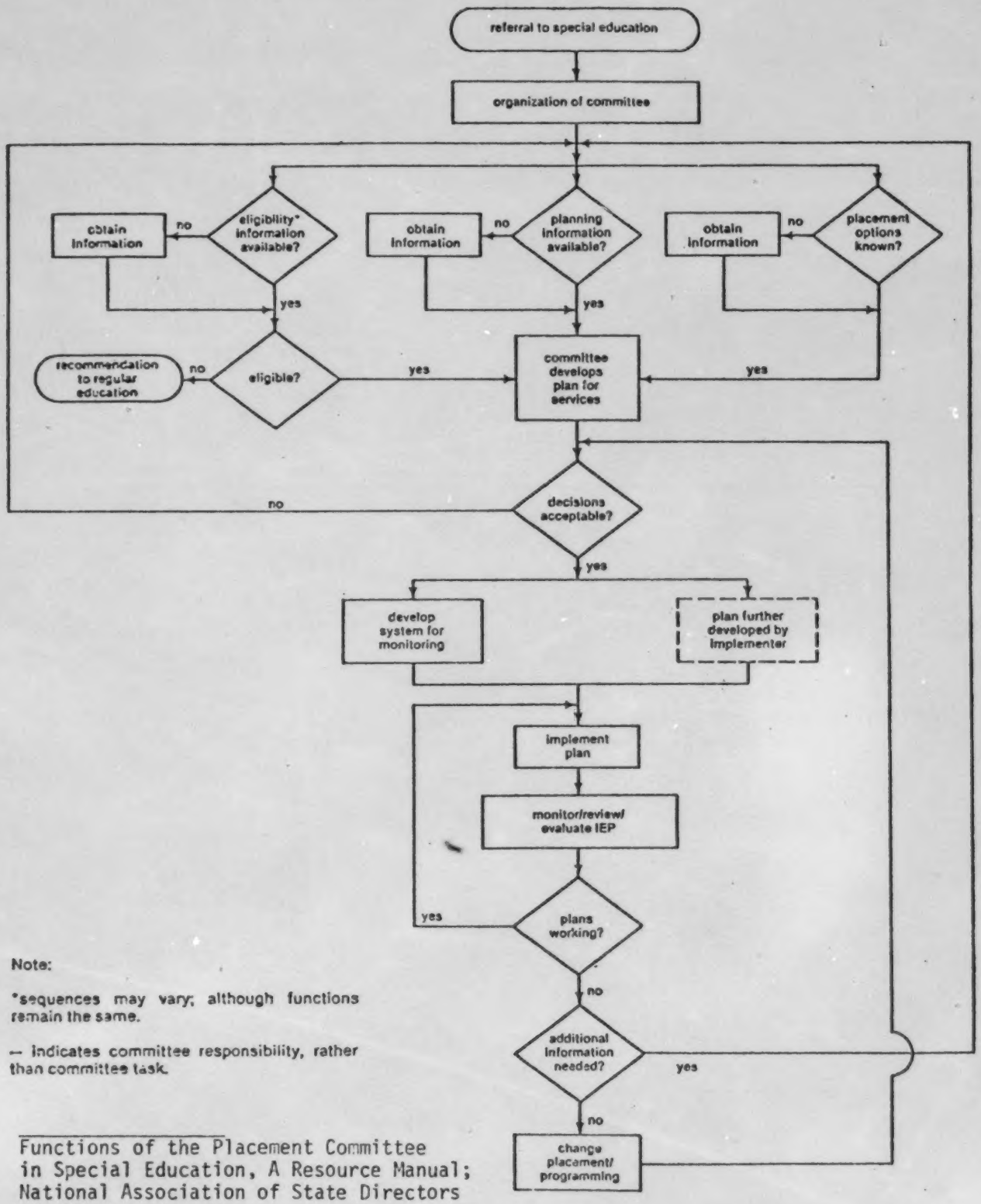
E. A justification for the type of educational placement which the child will have;

F. A list of the individuals who are responsible for implementation of the "IEP"; and

G. Objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term objectives are being achieved.

Compiled by Missouri State Department of Education, P.O. Box 480, Jefferson City, Missouri 65101.

Flowchart: Placement Committee Functions



Note:

*sequences may vary; although functions remain the same.

— indicates committee responsibility, rather than committee task.

Functions of the Placement Committee in Special Education, A Resource Manual; National Association of State Directors of Special Education.

Sample Distribution of Responsibilities of Committee Members

Title/Role	Responsibilities
Administrator	1. receive referral 2. appoint chairperson 3. recommend persons for committee membership 4. provide for inservice training for committee 5. make scheduling arrangements for committee members 6. provide resource materials needed by other members 7. provide information on capabilities of the school system 8. provide support for implementation 9. arrange support for implementer completion of IEP
Chairperson	1. facilitate total committee process 2. organize collection of pre-committee child evaluation data 3. coordinate committee activities 4. communicate with parents 5. arrange for interpreter/translator, if necessary 6. organize all forms and other materials 7. facilitate group decision-making 8. supervise record-keeping procedures 9. insure due process procedures 10. chair committee meetings 11. assign roles to other committee members
Parents/child	1. provide information concerning home situation 2. provide input for development of goals for the child 3. provide support for child evaluation and planning/placement
Referring Teacher(s)	1. provide objective and subjective information on performance 2. provide reality-based suggestions for development of IEP 3. provide reality check for suggestions of other committee members 4. provide summary of classroom assessment 5. provide recommendations for child evaluation needed
Receiving Teacher(s)	1. define capabilities and constraints of receiving situation 2. provide input for development of plan
Child Evaluation Coordinator	1. distribute/collect evaluation report forms to/from child evaluators 2. arrange further child evaluation as necessary 3. compile child evaluation information 4. make recommendations to committee based on compilation
Parent/Child Liaison	1. carry out all parent/child contacts required by law 2. counsel parents/child on their rights 3. conduct home visits 4. obtain parent/child signatures on appropriate forms 5. explain total process to parents
Implementation Liaison	1. monitor child's progress after implementation of IEP 2. submit progress reports to team members 3. coordinate implementation and monitor according to criteria set in IEP
Consulting Specialists	1. provide comprehensive analysis of child within area of expertise 2. provide specific information describing child's strengths and weaknesses 3. provide specific recommendations for placement/planning decisions 4. complete forms
Recorder	1. keep an accurate record of committee meetings 2. maintain a file of proceedings/decisions

Taken from: Functions of the Placement Committee in Special Education. A Resource Manual. National Association of State Directors of Special Education. 1201 Sixteenth Street, N.W., Washington, D. C. 20036 (202) 833-4193.

IEP Analysis Worksheet

P.L. 94-142 Components Regarding IEP	Correlating Components in Existing State Plan	Compliance: Yes	Compliance: No
INDIVIDUALIZED EDUCATION PROGRAMS 121a220 Scope. Each State and local educational agency shall insure that an individualized education program is provided for each handicapped child who is receiving or will receive special education, regardless of what institution or agency provides or will provide special education to the child. 121a221 State educational agency responsibility. a) The State educational agency shall insure that each local educational agency establishes and implements an individualized education program for each handicapped child. b) The State educational agency shall require each public agency which provides special education or related services to a handicapped child to establish policies and procedures for developing, implementing, reviewing, maintaining, and evaluating an individualized education program for that child. 121a222 Local educational agency responsibility. a) Each local educational agency shall develop, or revise, whichever is appropriate, an individualized education program for every handicapped child at the beginning of the school year, and review and if appropriate revise its provisions periodically, but not less than annually. b) Each local educational agency is responsible for initiating and conducting meetings for developing, reviewing, and revising a child's individualized education program.			

IEP Analysis Worksheet

P.L. 94-142 Components Regarding IEP	Correlating Components in Existing State Plan	Compliance: Yes
INDIVIDUALIZED EDUCATION PROGRAMS 121a222 (cont.) c) For a handicapped child who is receiving special education, a meeting must be held early enough so that the individualized education program is developed (or revised, as appropriate) by the beginning of the next school year. d) For a handicapped child who is not receiving special education, a meeting must be held within thirty days of a determination that the child is handicapped, or that the child will receive special education. 121a223 Participants in meetings. The local educational agency shall insure that each meeting includes the following participants: a) A representative of the local educational agency other than the child's teachers, who is qualified to provide, or supervise the provision of, special education. b) The child's teacher or teachers, special or regular, or both, who have a direct responsibility for implementing the child's individualized education program. c) One or both of the child's parents, subject to 121a225. d) Where appropriate, the child. e) Other individuals, at the discretion of the parent or agency.		

IEP Analysis Worksheet

.L. 94-142 Components Regarding IEP	Correlating Components in Existing State Plan	Compliance Yes	Compliance No
INDIVIDUALIZED EDUCATION PROGRAMS 121a224 Parent participation. a) Each local educational agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed on time and place. b) If neither parent can attend, the local educational agency shall use other methods to insure parent participation, including individual or conference telephone calls. c) A meeting may be conducted without a parent in attendance if the local educational agency is unable to convince the parents that they should attend. In this case the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place, such as: 1) Detailed records of telephone calls made or attempted and the results of those calls, 2) Copies of correspondence sent to the parents and any responses received, and 3) Detailed records of visits made to the parent's home or place of employment and the results of those visits. d) The local educational agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.			

IEP Analysis Worksheet

P.L. 94-142 Components Regarding IEP	Correlating Components in Existing State Plan	Compliance Yes	Compliance No
INDIVIDUALIZED EDUCATION PROGRAMS			
121a225 Content of individualized education program The individualized education program for each child must include: a) A statement of the child's present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills. b) A statement of annual goals which describes the educational performance to be achieved by the end of the school year under the child's individualized educational parogram; c) A statement of short term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals; d) A statement of specific educational services needed by the child, (determined without regard to the availability of those services) including a description of; 1) All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and 2) Any special instructional media and materials which are needed: e) The date when those services will begin and length of time the services will be given; f) A description of the extent to which the child will participate in regular education programs;			

IEP Analysis Worksheet

P.L. 94-142 Components Regarding IEP	Correlating Components in Existing State Plan	Compliance Yes	Compliance No
INDIVIDUALIZED EDUCATION PROGRAMS 121a.225 continued g) A justification for the type of educational placement which the child will have; h) A list of the individuals who are responsible for implementation of the individualized education program; and i) Objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved. 121a226 Private school placements. a) The State educational agency shall insure that an individualized education program is developed, maintained, and evaluated for each child placed in a private school by the State educational agency or a local educational agency. b) The agency which places or refers a child shall insure that provision is made for a representative from the private school (which may be the child's teacher) to participate in each meeting. If the private school representative cannot attend a meeting, the agency shall use other methods to insure participation by the private school, including individual or conference telephone calls.			

Section III: Procedural Safeguards

Does Due Process Scare You? Don't Let It!

What *is* due process, anyway? The term is a legal one, and so seems to belong to an unfamiliar world — one in which most of us tend to feel uncomfortable. What does it really mean? How are you supposed to use it? What can it do for you?

First of all, due process is part of our constitutional heritage, and protects the liberty of all citizens. It means that you may not be deprived in any way of your rights as a free citizen — unless very specific procedures, guaranteed by law, are followed — including a fair chance for *your* side to be heard by an impartial person, such as a hearing officer, or a judge.

In the past, little could be done when schools excluded kids

How does this apply to the education of your child? The new federal law, The Education for All Handicapped Children Act, has a strong provision mandating due process in all matters relating to decisions about special education. Until the 1970's there was very little concern about due process in the education system; it was believed that kids could be labelled "ineducable", deprived of services or just plain kicked out, without warning or explanation, and certainly without a chance for the child or the family to be heard.

It took court action and new legislation to change this practice. Now, just about *every* state policy guarantees due process. This means that there are specific procedures that must be followed when and if significant changes are made (or even proposed) in a child's school program.

Public policy is changing old practices

In order to qualify for funding under the new education law, states *must* guarantee certain procedural safeguards. If these procedures are not written into the education law in your state, you *will* find them in the state plan which must be submitted in order to receive its share of federal funds for education of the handicapped.

It's extremely important for every parent to know what these due process rights are. This is one of the ways you can be sure that the law really works — and it's your basic means of making sure your child gets the education he or she needs. The Education for All Handicapped Children Act protects your right to be fully informed of and to participate in all the planning for decisions about your child's schooling. For example, you are entitled to:

- notice in writing, *before* any action is taken or recommended that may change (or fail to change) your child's school program.
- all records related to the identification, evaluation or placement of your child.
- an opportunity to speak up about serious complaints you have about any matters related to the educational services your child is receiving.
- an impartial due process hearing, when you and the school cannot agree on what type of program will be most helpful for your child. The law specifies rights available to all parents at such hearings, to ensure fairness and impartiality.
- adequate appeals procedures. If parents are not satisfied with the results of a due process hearing, they have the right to appeal to the state department of special education; if problems remain unresolved after all these procedures have been followed, parents have the right under law to appeal to the courts.

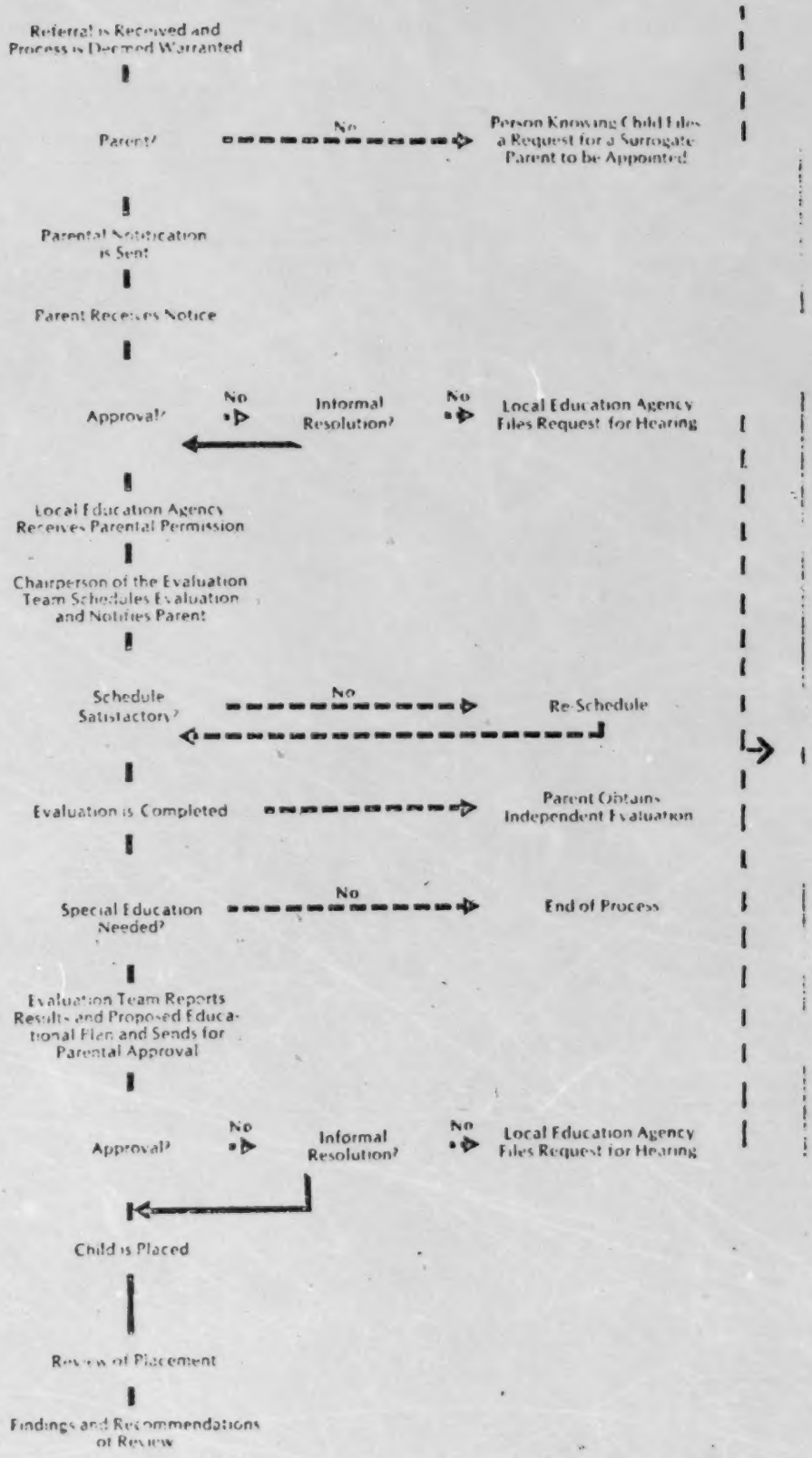
This business of due process is a new ballgame for most parents — with a whole new set of ground rules. It's a lot to learn. We're glad to hear that state and local chapters of parent organizations are helping to prepare parents for this kind of action, and in some places, advocates are being trained to help parents use the new system.

Taken from: "Report From Closer Look", National Information Center For The Handicapped. Summer-Fall, 1976. p. 3.

The following two pages constitute a "Due Process Flow Process" chart. This chart was excerpted from: A Primer On Due Process by the Council for Exceptional Children, 1975.

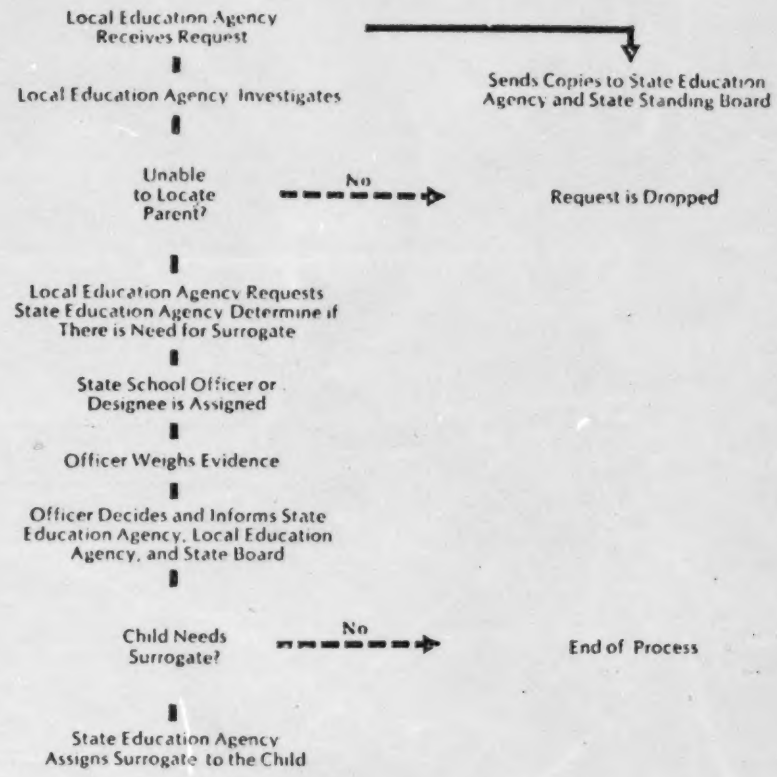
Evaluation and Placement

Cumulative Time	Maximum Time For Each Step
5 days	5 days
7 days	2 days
22 days	15 days
27 days	5 days
57 days	30 days
67 days	10 days
77 days	10 days
8 months	
	10 days



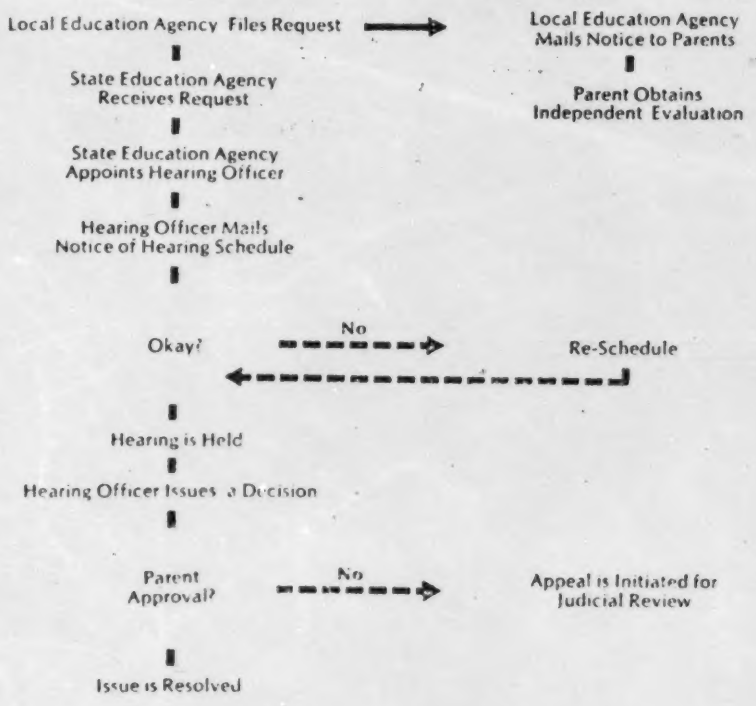
Request for a Surrogate Parent

Cumulative Time	Maximum Time For Each Step
10 days	10 days
40 days	30 days
45 days	5 days


Local Education Agency Receives Request
Sends Copies to State Education Agency and State Standing Board
Local Education Agency Investigates
Unable to Locate Parent?
No
Request is Dropped
Local Education Agency Requests State Education Agency Determine if There is Need for Surrogate
State School Officer or Designee is Assigned
Officer Weighs Evidence
Officer Decides and Informs State Education Agency, Local Education Agency, and State Board
Child Needs Surrogate?
No
End of Process
State Education Agency Assigns Surrogate to the Child

Hearing Process

Cumulative Time	Maximum Time For Each Step
5 days	5 days
15 days	10 days
25 days	10 days
65 days	40 days
75 days	10 days



DUE PROCESS

Q. Please define due process.

A. Webster defines due process as "the course of legal proceedings established by the legal system of a nation or state to protect individual rights and liberties." While due process has no isolated, fixed definition, the concept alludes to both (1) substance and (2) process. The main implications behind the concept are fairness and honesty.

Q. Does due process have a constitutional basis?

A. Yes. Most often quoted in relation to due process are the following phrases from the Fifth and Fourteenth Amendments, respectively:

No one can be "deprived of life, liberty, property, without due process of law."

"No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property without due process of law."

Q. Does due process relate to public education?

A. Yes, both substantively and procedurely.

Q. Who has defined the relationship between due process and public education?

A. The relationship has been defined legislatively (recently through Public Laws 93-380 and 94-142) and judicially (recently through Wood v. Strickland; P.A.R.C. (Pennsylvania Association for Retarded Citizens) v. Pennsylvania; Mills v. Board of Education, Washington, D.C.; Goss v. Lopez). HEW, state, and local administrative policies have supplied additional regulatory guidelines.

Q. When does substantive due process relate to public education?

A. When a child's liberty is threatened by the education course s/he is in, the issue of substantive due process arises. For example if a child is deprived of a program or enrolled in a program which does not have adequate, appropriate instruction, that child's educational progress and, consequently, liberty would be hindered.

Q. How does procedural due process relate to public education?

A. First, each public school system is required to establish administrative procedures. Secondly, each public school system is required to implement these procedures.

Q. What administrative procedures are involved?

A. The following must be provided:

Notification regarding assessment and placement/educational programming. Such notification must be in the primary language of the parents or eligible student involved and should be both oral and in writing.

Information regarding content of and rights to obtain access to challenge education records. Such information should include fee (if any) for record reproduction and a listing of location where and hours when records may be accessed.

Opportunity for an impartial hearing. Such hearing shall be conducted under the procedures set forth by the State and local education agencies. Parents and eligible students should be afforded their rights to legal representation, an impartial hearing officer, obtain an independent evaluation, witnesses, opportunity to cross-examine witnesses, opportunity to present evidence, the decision of the hearing officer--including reasons upon which the decision was based and a statement of the procedures to be used in the appealing of the decision, and a record of the hearing.

Q. What are the school district's and SEA's obligations for enforcing these procedures?

A. In order to execute these minimum procedures, both local and state education agencies must provide for and cooperate in the provision of: enforcement strategies to insure the requirements are followed, training personnel, selection and instruction of hearing officers, and cooperate with other agencies in selection and instruction of "surrogate" parents (persons who are assigned for children in cases where a particular child's parents or guardian are unknown or unavailable).

Both informal and formal procedures for negotiations should be established. By so doing, the need for formal judicial review potentially will be reduced. Often, if issues were discussed on an informal basis between parents and schools, e.g., a parent/school conference, communication would be expedited and the need for hearings circumvented.

Q. What are some ways to facilitate informal review:

A. Educational administrators, teachers, and parents should work together to achieve the following conditions that enhance informal review:

Parent involvement in decisions that affect the educational programming of their child.

Parent and professional awareness of their rights and responsibilities and those of the child.

Access by parents to all levels of the educational hierarchy and system.

Carefully developed administrative procedures that are written, codified, and made known to all involved in the process.

Q. What should written notification include?

A. First, written notification should always be given in the parents' primary language. Note: Even though a child may be fluent in English, his/her parents may not be.

Secondly, notification should contain intent of assessment and/or placement services and should be stated as explicitly as possible. Parents or guardians should be informed of as many details of the assessment and/or placement procedures as possible. They also should be informed of their rights to review the results of the services and to obtain an outside evaluation (conducted by personnel outside the school district) if they so desire. If other information such as medical records is needed, parental approval for release of the information needed for educational services must be obtained. (The reverse is also true: If agencies outside the school are serving the child, the school still must obtain parental consent before releasing the child's educational records to the agency.) Finally, parents must be informed of their due process rights.

Q. What if parents refuse permission for any of these services?

A. First, resolution of differences should be sought in a local education agency/parent conference. A conference would allow for both sides to express informally the rationale behind decision making. Sometimes a conference will lead to the reaching of another solution of services which is mutually agreeable to parents and LEA.

Q. When should a hearing be held?

A. When a disagreement occurs which cannot be resolved by informal conferences or meetings.

Q. Who can convene a hearing?

A. The parents or the local education agency can request a hearing:

Parents who are concerned with their child's records, evaluation, and placement status and are of the opinion that the services suggested by the LEA will not benefit their child's education.

LEA personnel who believe they have a viable service option for a child and that the parents' refusal of that option will

endanger the health and safety of that child or others in the educational program.

Q. What should be included in the hearing notification?

A. The time and place of the hearing. In addition, the parents should be informed of their rights:

To obtain their child's school files for inspection (and copying if requested).

To obtain an independent evaluation at public expense.

To be represented by counsel of their choice.

To have witnesses' testimony relevant to the situation surrounding the hearing (parents may compel attendance of LEA or SEA personnel).

To have a trained impartial hearing officer preside at the hearing.

To have a record of the proceedings.

Q. How much do hearings cost?

A. No party should be charged for a hearing. (However, the party requesting written records may be charged the actual cost of those records.)

Q. Who presides at the hearing?

A. A trained impartial hearing officer is selected to preside at the hearing.

Q. Is a hearing officer a child advocate?

A. No. A hearing officer serves as an impartial decision maker. S/he must neither be a child nor a school's advocate.

Q. What is meant by a trained impartial hearing officer?

A. A trained impartial hearing officer is basically a citizen who is perceived as receptive to both the needs of private citizens and public school systems. The hearing officer should assure that proper procedures are followed and the rights of the parties are protected. An impartial hearing officer must be:

(1) unbiased - not prejudiced for or against any party involved in the hearing;

(2) disinterested - not having any personal interest at stake in the outcome; and

(3) independent - may not be an officer, employee, or agent of the LEA or of the child.

Q. Who establishes the route of the appellate process?

A. The Commissioner of Education establishes the route of appeal in accordance with law.

Q. Are the procedural safeguards, e.g., right to present evidence, in appealing decisions the same as those for initial hearings?

A. Yes. All such safeguards must be observed.

Q. How are decisions rendered in appellate hearings?

A. In most cases, the decisions rendered in an appellate hearing are communicated to the parties involved in much the same manner as a regular hearing. However, when an appeal is heard by the State Board of Education, excerpts from the minutes of the meeting at which the decision was rendered should be sent to both parties. In addition, the same excerpts should be sent to the Commissioner of Education.

Q. Can either party file for a rehearing?

A. Yes. Either party may file for a rehearing with the Commissioner of Education. The motion should be filed within 30 days of the decision which is cause for the hearing. (A motion for a rehearing is not prerequisite for appealing to the State Board of Education from the decision of the Commissioner.)

Q. How long do the hearing and appellate processes take?

A. The time required for the hearing appellate processes varies. The length of time is contingent upon the number of hearings, or steps, involved. A simple hearing at a local level could take less than one month from filing to decision. However, appealing a case through the courts could take years.

Q. How can a school district avoid hearings?

A. Set up and maintain a good communication system between local and state education agencies and community residents, particularly parents.

Make parents aware that the district is concerned with the needs of special children as well as the special needs of children. Use local media and parent involvement to communicate new programs.

Keep faculty/school personnel, e.g., aides to school board, well informed of up-to-date legislation and litigation which is pertienent to their job prospecti.

Give workshops and in-service training to educate staff on implications of not complying with legal mandates, e.g., "mainstreaming." Provide training in techniques to deal with increased diversity of needs within the classroom.

Adapted from Interpreting the Effects of Recent Legislation and Litigation and Applying Them to Public School Personnel in Texas: A Guidebook by Marion J. Nesbit. Sponsored by Texas Regional Resource Center, 211 East 7th Street, Austin, Texas 78701. November, 1976

Self-Administered Due Process Guide

Routine Procedures	Yes	No
1. Are evaluation (including testing)* and placement staff aware that prior to conducting an individual evaluation, writiten parental permission must be obtained?	_____	_____
2. In the request for parental permission to individually evaluate a child, does the staff explain to the parents		
—the evaluation (including testing) procedures to be used?	_____	_____
—why an evaluation is needed?	_____	_____
—what the evaluation hopes to accomplish?	_____	_____
—limitations of the evaluation?	_____	_____
—how the obtained data will be used?	_____	_____
3. Procedures have been established to ensure that all evaluations will be as racially or culturally non-discriminatory as possible including		
—selection of instruments?	_____	_____
—administration of instruments?	_____	_____
—selection of administering personnel?	_____	_____
—interpretation of obtained data?	_____	_____
4. Have provisions been made to notify parents that they have the right to examine all relevant records regarding the identification, evaluation and educational placement of the child?	_____	_____
5. Have procedures been adopted to name one school person to serve as the major contact person between the schools and parents?	_____	_____
6. Have procedures been instituted to communicate all correspondence and procedures in the parent's native language including the use of readers and interpreters if needed?	_____	_____
7. Are parents informed as soon as a child is identified as *possibly* needing special education services?	_____	_____
8. Are the parents advised orally and in writing that the schools have a responsibility to provide an appropriate education for their child?	_____	_____
9. Are parents invited to be participants in all educational planning meetings for their child?	_____	_____
10. Are parents given the opportunity to bring a friend or professional with them to all education planning meetings?	_____	_____
11. Are attempts made to schedule all educational planning meetings at a time convenient for both parents and school personnel?	_____	_____

*Throughout this guide, the term evaluation includes individual testing.

	Yes	No
12. After a child has been evaluated and a special placement has been recommended, does the chairperson of the evaluation and/or placement teams have responsibility to tell the parents, both orally and in writing		
—the results of the evaluation and the recommendation made?	_____	_____
—the specific objectives to be achieved in the recommended placement?	_____	_____
—an explanation of why the recommended placement is the least restrictive learning setting for the child?	_____	_____
—the implications of the proposed placement, including the expected general educational achievements of the child and possible career goals?	_____	_____
—the alternative placements available to the child?	_____	_____
—that the placement decision will be reviewed periodically, at least annually?	_____	_____
13. Does the placement team or chairperson attempt to communicate to parents in understandable language?	_____	_____
14. Are the parents provided with a written copy of the placement recommendations and the specific education program proposed?	_____	_____
15. Are parents informed orally and in writing of their right to obtain an independent evaluation of their child at public expense if necessary and present those findings to the public schools?	_____	_____
16. If so, are parents advised		
—to contact a local/state parent's group?	_____	_____
—of the location of local/regional/state facilities that can conduct evaluations?	_____	_____
17. If the parents indicate that they do not agree with the proposed placement, is a genuine effort made by the school to explain, orally, its position and to show the parents why the proposed placement is the best one for the child?	_____	_____
18. Are parents informed orally and in writing of their right to a formal hearing if they contest the school's recommendations?	_____	_____
19. Are the steps to be taken to exercise that right fully explained to parents?	_____	_____

Prior to the Hearing

1. Are parents informed in writing of the role of the hearing officer(s) including		
—the responsibility to hear both sides?	_____	_____
—a limit on evidence to that presented at the hearing?	_____	_____
—the responsibility of making a decision in keeping with the child's best interests?	_____	_____
—the responsibility to engage in fact finding?	_____	_____

	Yes	No
2. Are parents informed in writing that they have the following rights—		
—to bring counsel, friend, or expert witness?	____	____
—to examine all school records upon which the school made its placement decisions?	____	____
—to request that certain school personnel be present at the hearing and of their right to examine the school's witnesses?	____	____
—to choose if they want an open or closed hearing?	____	____
—to present findings from an independently conducted evaluation?	____	____
3. Are parents informed in writing that a record of the hearing would be made available to them upon request?	____	____
4. Are parents informed about when they will be notified of the hearing decision and about the subsequent recourse available to them?	____	____
5. Are parents advised orally and in writing that they have the right to appeal the decision of the hearing officer(s) and of the procedures that are to be used?	____	____

This guide was developed by the Special Education Administrative Policy (SEAP) Manuals project of the State-Federal Information Clearinghouse for Exceptional Children.

Taken from: Function of the Placement Committee in Special Education. A Resource Manual published by National Association of State Directors of Special Education, 1201 16th Street, N.W., Washington, D. C. 20036. 1976. (202) 833-4193

RECORD-KEEPING AND CONFIDENTIALITY

Q. Why was Public Law 93-380--Family Educational Rights and Privacy Act--enacted?

A. The enactment of this law was based upon the premise that schools' record-keeping policies should not only allow for the provision of educationally relevant information but also insure the confidentiality of such information and set forth rights of access to education records.

Q. What kinds of situations does this law guard against?

A. Public Law 93-380 guards against situations which violate individual rights with regard to record-keeping policies. Three examples of the types of situations the law is attempting to change are:

1. Anecdotal records regarding subjective views of the child in certain situations. (A teacher thinks a child stole a pack of gum.) Subjective opinions may be misconstrued by someone reading the file, they may be erroneously applied to an unrelated situation, or they may be used for a purpose other than that for which the writer of the information intended.

2. Deductions from information in the file which lead to opinion. (A local corrections officer requests to view the file of a student with whom he's recently come in contact. He notices that the child has been psychologically tested and concludes that the child is crazy.)

3. The release of confidential information to unauthorized personnel. (A "prospective employer" calls to find out a student's G.P.A. and behavioral information. The school releases the information and later discovers that the "prospective employer" had been another high school student playing a prank.)

Q. Please define the concept "education records."

A. According to the Rules and Regulations of P.L. 93-380, students' "education records" include those records which are directly related to a student and are maintained by an educational agency or institution. These records include information recorded in any medium, e.g., handwriting, tapes, microfiche, etc.

Q. What information must be retained in a student's records?

A. All relevant information regarding a student's placement should be present in his/her record file. For example, any specific data such as report cards, normative test scores, teacher observations, support-staff reports, and health records which contribute to providing a particular student with a maximal appropriate educational opportunity are justifiably maintained in that student's record.

Q. What kinds of teacher and support personnel data should be maintained in students' records?

A. Information which would contribute to maximizing students' opportunities for appropriate education might include behavioral data such as objective baseline charts of specific, observable behavior, e.g., number of completed assignments/total assignments given over a designated time period or the number of times a student received a "Good Citizenship Award" in a semester.

Information which could be considered inappropriate might include subjective records such as emotionally laden or vague individual notes, e.g., "This boy gets on my nerves easily" or "This girl will never get anywhere."

The point to consider is whether data is verifiable and/or necessary for maximizing present and future educational opportunities for a given student.

Q. What information should be disposed of?

A. Information which is no longer useful or applicable to the student's educational placement should be removed except when there is an outstanding request for such information. For example, subjective reports of past disciplinary action which are not relevant to a student's present educational placement should be discarded.

Q. What information can be maintained by school personnel which is not subject to Public Law 93-380?

A. School personnel may keep separate notes relating to their work with individual children independent of a particular student's school record. "Separate" connotes that these notes may not be included with other materials in the student's record or be communicated to other school personnel. Once the information is revealed to others, it is classified in the same category as other school-related records and is subject to the provisions set forth by the law.

Q. What is the status of records maintained by psychologists, psychiatrists, physicians, and other professional personnel?

A. Records maintained by these professions which are used only in the provision of treatment for an eligible student--18 years and older or attending a postsecondary institution--and not disclosed to others outside the treatment process are listed as exceptions to the definition of educational records provided that the records can be reviewed by a psychologist, physician, or other appropriate professional of the student's choice. The status of such records for students under 18 has not been clearly defined in the law.

Q. What is meant by "treatment?"

A. Professional "treatment" is defined by Public Law 93-380 by what it is not. That is, "treatment" does not include remedial educational activities or other activities which are part of the instructional process. Therefore, it would seem that records of therapy, if therapy is considered outside of the educational instruction area, would not be available for parental or eligible student's scrutiny.

Q. Are records compiled by schools and other agencies on their alumni subject to P.L. 93-380?

A. No. Records compiled on individuals who are no longer students are not considered education records under the law.

Q. Does P.L. 93-380 include students who attend school through correspondence or through work-study programs?

A. Yes.

Q. Who may see the information compiled in students' education records?

A. Public Law 93-380 stipulates that the following have access to records:

Eligible students who have attained 18 years of age or are attending postsecondary educational institutions.

Parents of children younger than 18; parents of children who are not attending postsecondary educational institutions; and parents of dependent children as defined by the Internal Revenue Code 152. Parents include natural parents, guardians, or an individual acting in absence of a parent or guardian.

Others as indicated by legislative, executive and/or judicial orders.

Q. What persons are authorized in the "others" category to obtain access to a student's education records?

A. Schools are authorized by law to permit the release of personally identifiable records to the following:

Other school officials, including teachers within the educational institution and local educational agencies which have legitimate educational interests.

Officials of other schools or school systems in which the student intends to enroll, upon condition that the student's parents be notified of the record transfer; receive a copy of the record, if desired; and have an opportunity for a hearing to challenge the content of the record.

Authorized representatives of:

The Comptroller General of the U.S.

The Secretary.

An administrative head of an education agency--defined as any public or private agency or institution which is the recipient of federal funds administered by the National Institute of Education, Commission of Education, or Assistant Secretary for Education.

State educational authorities who may need the records in connection with auditing or evaluating federally funded or supported programs and/or in connection with the enforcement of federal legal requirements which relate to such programs, "Provided, That except when collection of personally identifiable information is specifically authorized by Federal law, any data collected by such officials shall be protected in a manner which will not permit the personal identification of students and their parents by other than those officials, and such personally identifiable data shall be destroyed when no longer needed for such audit, evaluation, and enforcement of Federal legal requirements" (20 U.S.C. 1232g(3)(D)).

In connection with a student's application for, or receipt of, financial aid.

Q. What does "legitimate educational interest" mean?

A. Because it is undefined in the law, the meaning of "legitimate educational interest" will most probably be determined per individual cases.

Q. Please define access rights.

A. Access rights include the right to:

Be provided a list of the types of educational records which are maintained by the institution and which are directly related to students.

Inspect and review the content of those records within 45 days of the request.

Obtain copies of those records, the cost of which (if any) is not to exceed actual cost of record reproduction.

Obtain a response from the institution to reasonable requests for explanations and interpretations of those records.

Obtain a hearing to challenge the content of those records.

Review only the part of the records which relate to a specific student.

Q. Can parents of a student who is 18 years or older have access to their child's education records?

A. Only by permission of the child unless the criteria for dependent student as set forth in Section 152 of the Internal Revenue Code of 1954 are met. (That, for the purposes of claiming an individual as a dependent and student: (1) more than half of his/her support excluding scholarships must be paid by the parents and (2) the individual must be attending school at least five months of the year.)

Q. What action can parents or an eligible student initiate if a school district denies access to the student's educational record?

A. An individual who is denied access may register a complaint with SEA or The Family Educational Rights and Privacy Office at HEW. SEA and HEW will first ask for the school's voluntary compliance and second, take steps to enforce the law if the district refuses.

Q. What actions can parents or eligible students take to challenge record content?

A. Parents and eligible students must be granted their due process rights. School Districts must provide such persons an opportunity for a hearing to:

Challenge the content of records to insure their accuracy.

Correct any inaccuracies through deletion and/or insertion of additional information or explanation in response to inaccurate content.

Q. Can anonymous information be released?

A. Where federal and state law provides access to government agencies and where the likelihood of identifying any individual is minimal, in certain situations, anonymous data can be released. For example, if a local university wanted to do a study on the relationship between math and reading achievement scores, the school might be willing to provide raw data (just numbers) to the persons involved. Written forms specifically indicating the intent and interest of the person or agency must be submitted and filed prior to release of data. The school must maintain a policy record stating who has access to information without parental or individual consent. However, school districts would be wise to protect themselves from potential lawsuits by obtaining consent from students 18 or over and from parents of students under 18 when there is even a remote possibility that information might be personally identifiable.

Q. What is a school district's responsibility in the transfer of education records?

A. A school district must make a reasonable attempt to notify parents or eligible students of the transfer except when parents or eligible students have initiated the transfer or when the district includes notice in its policies and procedures that it forwards records on request to a school in which a student plans to enroll. In all cases of transfer, the school district must if requested furnish a copy of the education records which have been transferred and provide an opportunity for a hearing.

Q. Should the education agency maintain records of the access and release of education records?

A. Yes. Education institutions and agencies are required by law to maintain a listing of persons who access education records, what records are accessed, time of access, and reason(s) for such access.

Q. Are there any other circumstances when schools can release personally identifiable information?

A. Schools can release personally identifiable information from student files to persons other than those listed,

> There is written consent from the student's parents or from students 18 or older specifying records to be released, the reasons for such release, and to whom. A copy of the records to be released must be given to the student's parents or to the eligible student if requested.
>
> Such information is furnished in compliance with judicial order or pursuant to any lawfully issued subpoena, upon condition that parents or eligible students are notified of all such orders or subpoenas in advance by the educational institution or agency.

Q. Can school personnel selectively read students or parents portions of a student's education records?

A. Yes, in some instances, e.g., if the records discuss more than one child, it is necessary to preserve the anonymity of the other children involved. However, since the law indicates that parents of minors and students over 18 may see their files, it is prudent to write individual reports of situations where more than one child is involved.

Q. Can parents or students challenge the contents of their files?

A. Yes. Parents or eligible students can challenge the accuracy or inclusion of certain information in the files. School administrators must take precautions against potential law suits by establishing informal and formal grievance procedures in compliance with the law

whereby parents or students have opportunity to request additions, deletions, or corrections of material in the education records. Parents and students must also be given an opportunity to insert statements explaining their views of the contents if they wish.

Q. What can an individual school district do to prevent court suits?

A. Local school guidelines should be established and written in compliance with the law and HEW regulations and the State policies and procedures staff should be enlightened regarding federal and state legislation and administrative policies and procedures affecting confidentiality of student records.

Records should be guarded under tight security. Only authorized persons should be allowed access. These persons must clearly state their purpose for attaining access to the files through the school established guidelines. An employee might be designated solely for the purpose of file supervision.

Formal procedures for students' and parents' access to files should be established.

Formal procedures for students' and parents' consent for others to have access to files should be established.

Formal procedures for students and parents to challenge the contents of files should be established. This might include the creation of a review board for this purpose. Due process must be observed.

File contents should be consistently reviewed annually.

Review policies should be established regarding long-term maintenance of data.

Teachers, counselors, psychologists, and others should be advised to keep personal notes separate from regular files and not to show personal notes to others.

Staff should be advised to use observable, verfiable (quantitative whenever possible) data rather than subjective, anecdotal notes.

When in doubt, written parental permission should be required before any portions of educational or psychological material are released to other agencies.

Public should be made aware of school district policies: Notification is required by law by both state and local education agencies.

Q. Please expand on the term "notification."

A. The State Education Agency and each local education agency shall inform parents and eligible students of the requirements for maintaining confidentiality. Notification of rights will be made in the parents' or eligible student's native language and will be disseminated through both audio and visual media. Special provisions shall be made to inform deaf/blind parents or eligible students of the requirements. This notification shall be made at least annually and shall include the following:

The types of education records and information contained therein which are directly related to students and maintained by the institution.

The name and position of the official responsible for the maintenance of each type of record, the persons who have access to those records, and the purposes for which they have access.

The policies of the institution for reviewing and expurging these records.

The established procedures for obtaining access and copying those records.

The cost, if any, which will be charged for reproducing copies of records (not to exceed actual cost of reproduction).

The procedures for challenging the content of education records.

The categories of information which the institution has designated as public directory information, including provisions for parents and eligible students to inform that institution of any information which should not be released without prior consent.

Q. What is considered to be directory information?

A. Directory information includes the student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, and other similar information.

Adapted from Interpreting the Effects of Recent Legislation and Litigation and Applying Them to Public School Personnel in Texas: A Guidebook by Marion J. Nesbit. Sponsored by Texas Regional Resource Center, 211 East 7th Street, Austin, Texas 78701. November, 1976.

POLICY REGARDING NONDISCRIMINATORY EVALUATION

P.L. 94-142 requires that the manner by which testing and evaluation materials are selected and the procedures that are developed for evaluating handicapped children are to be free of racial or cultural overtones. The proposed regulations for Section 504 of the Vocational Rehabilitation Act of 1973 also require an individualized evaluation before educational placement decisions are made for handicapped persons. Consequently, the following policy is provided for consideration:

NONDISCRIMINATORY PROVISIONS

For the purposes of developing an individualized education program for each child, the local, intermediate, or state education agency shall establish procedures requiring nondiscriminatory testing and evaluation practices.

* Assessment instruments shall be appropriately adapted when used with children of impaired sensory, physical, or speaking skills and must consider each child's age and socioeconomic and cultural background.

* Specialists implementing evaluation procedures must be familiar with local cultural, language, and social patterns and practices.

* Tests and similar evaluation materials shall be administered in the child's primary language, wherever appropriate.

* Interpreters, in the native language, and/or in sign language may be used throughout all phases of the evaluation.

* All communication with parents and the child shall be in the native language of the home.

* Local community norms shall be established when norm referenced tests are used.

* Criterion referenced instruments should be used.

* Developmental checklist(s) should be used where appropriate.

* Instruments shall be administered only by trained personnel according to the producer's instructions.

* Instruments shall assess specific abilities, not merely produce a single IQ score.

* No one result shall determine placement.

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Policies for the Development and Use of Anecdotal Records

PURPOSE

Anecdotal records shall be developed by school personnel for the sole purpose of objectively describing an individual student's academic, social, and physical behavior where such records will be considered as part of the total evaluation of the child in relation to providing the child with a more appropriate education.

DEVELOPMENT

- All anecdotal records shall be written, dated, and signed by the observer.
- All anecdotal records shall describe only observable behavior.
- All anecdotal records shall be written as soon as possible after the observed behavior, preferably within 24 hours.
- All descriptions shall specify the time and date of the observation; the circumstances surrounding the behavior including the setting; other participants, if any; prior observable stimuli, if any; resulting behavior; and the relationship of the behavior to the individual child's present educational program.
- All descriptions shall specify whether the recorded behavior had been previously observed and recorded and, if so, with what frequency.

MAINTENANCE AND USE

- All recorded descriptions shall be placed in the child's "education records" (cumulative, permanent) within 5 school days after completion.
- All anecdotal records in the child's education records shall be evaluated in relation to the child's present individual education plan each time that the plan is reviewed which must occur no less than annually.
- If, after a determination has been made that an indvidual anecdotal record has no relation to the child's individual education plan and program, it shall be removed from the record and destroyed.
- Anecdotal records shall remain within the child's official records for as long as they remain directly related to the child's education plan and program.
- In all instances the collection, maintenance, and use of anecdotal records shall conform to all other requirements relating to the collection, maintenance, and use of school records.

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Section IV: Personnel Development

PERSONNEL DEVELOPMENT

The following section identifies some of the possible resources in the area of personnel development. While it is not meant to be an inclusive listing, it may provide a suitable "starting point" for future expansion of your resource data.

Some of the information was excerpted from: Mainstreaming Training Systems, Materials and Resources: A Working List. For the complete listing, contact:

Reece L. Peterson
Leadership Training Institute/Special Education
253 Burton Hall
University of Minnesota
Minneapolis, Minnesota 55455

(612) 373-4854

MIDWEST REGIONAL RESOURCE CENTER

1332 26th Street
DRAKE UNIVERSITY
Des Moines, Iowa 50311
515/271-3936

ARKANSAS • IOWA • KANSAS • MISSOURI • NEBRASKA • NORTH DAKOTA • OKLAHOMA • SOUTH DAKOTA

The Midwest Regional Resource Center has developed three in-service training packets to inform educators of informal diagnostic and prescriptive programming skills. These are skills that are necessary to write Individualized Education Program (IEPs).

Specifically, the packets are:

1) Informal Diagnosis and Prescriptive Programming: A Workshop

2) Informal Diagnosis and Prescriptive Programming: A Follow-Up Workshop

3) Informal Diagnosis and Prescriptive Programming: A Workshop for Personnel Teaching the Severely, Multiply Handicapped

A fourth packet, Training Activities for Preparing Personnel to Design and Implement Workshops, has also been developed to assist educators in planning and conducting in-service workshops. This particular packet was designed with a built-in multiplier effect. In other words, as ten representatives from state or local education agencies are trained in writing appropriate IEPs, they are also receiving training in being in-service facilitators. Upon completion of this workshop, each may then train ten of their colleagues when they return home.

All four packets are totally replicable. Each contains a section of "Facilitator Notes" which outline the objective(s) of each module within the packet, itemize the materials needed to conduct the module, and hints about presenting it. A section entitled "Activity Notes," which outlines what the facilitator is to do and say when presenting the module, is also included. Worksheets and articles that are to be distributed as handouts during the workshop comprise the third section of the packet.

While these packets are no longer available from the Midwest Regional Resource Center directly, copies have been sent to each state department's division of special education. By the end of the summer, each packet will also be available from the Educational Resources Information Center, ERIC. You may wish to contact either source regarding the availability of any or all of these resources.

COMPETENCIES FOR TEACHING:

TEACHER EDUCATION, INDIVIDUAL INSTRUCTION, CLASSROOM INSTRUCTION, AND THERAPEUTIC INSTRUCTION

Purpose: Competencies for Teaching attempts to meet the need for a systematic competency-based teacher education program based on a scientific study of effective teacher performance. The program attempts to integrate theory, methodology, simulation, and practice teaching into a competency-based system with an equally effective system for accountability.

Brief Description of Materials or Service: The series consists of four self-instructional volumes which can be used independently of each orther, or, when adopted for courses in the appropriate sequence, constitutes a complete system of competency-based teacher education. The program is suitable for both preservice and inservice use. 1975.

Contact Person: Laurence J. Peter (author)

Address and Phone: Attn: Carol Butterfield
College Services Director
Wadsworth Publishing Company, Inc.
10 Davis Drive
Belmont, California 94002 (415) 592-1300

Additional Description: Competencies for Teaching: Teacher Education serves two related purposes. First, it is a manual of instructions for installing and operating the Competencies for Teaching system as a teacher education program; second, it is a textbook for students in teacher education. The first three volumes of Competencies for Teaching - "Individual Instruction," "Classroom Instruction," and "Therapeutic Instruction" - can be used independently as texts for teacher education courses. "Individual Instruction" is a suitable text for courses in individualizing instruction and in competency-based instruction with accountability. "Classroom Instruction" can be used in education courses in instructional objectives and classroom management. "Therapuetic Instruction" is appropriate for introductory courses in instructing exceptional children.

COMPUTER ASSISTED RENEWAL EDUCATION (C.A.R.E.)

(COMPUTER-BASED INSERVICE TEACHER EDUCATION FOR

MAINSTREAMING HANDICAPPED CHILDREN)

Purpose: CARE is part of a plan to meet a nationwide need for retraining inservice teachers to provide appropriate educational experiences to mildly handicapped children integrated into regular elementary school classrooms. In 1970, the Computer Assisted Renewal Education (CARE) curriculum was developed at Penn State University to educate inservice teachers to teach mildly handicapped children in regular classrooms.

Brief Description of Materials or Service: Penn State University has developed a series of self-contained, college-level, computer-assisted instruction (CAI) courses called CARE; Computer Assisted Renewal Education which help regular classroom teachers develop clinical sensitivity and diagnostic awareness of the strengths and weaknesses of handicapped and normal children. CARE is principally oriented toward preschool and primary-level elementary teachers because unrecognized problems and resulting lack of remedial treatment at this stage in a child's development may cause the child to be academically retarded by the age of 9 or 10 years. However, the courses are also of interest to secondary teachers, principals, administrators, special class supervisors, special education teachers, school nurses, psychologists, aides, special service personnel, and day care workers.

Instructional lessons are delivered to students at interactive computer terminals allowing the student to progress from one unit of the course to another at his own pace. The terminal contains a plasma display panel, keyboard, touch sensitive screen, and full color random access microfiche image projection. Learners respond to questions via the keyboard or the finger-sensitive panel by touching areas of the display screen.

Address and phone: CARE Instructional Coordinator
The Pennsylvania State University
Computer Assisted Instruction Laboratory
201 Chambers Building
University Park, Pennsylvania 16802

(814) 865-0471

COUNCIL FOR EXCEPTIONAL CHILDREN

INFORMATION CENTER

Purpose: The Council for Exceptional Children (CEC) Information Center is set up to provide a comprehensive data base of professional information, literature, and material on the education of handicapped and gifted children.

Brief Description of Materials or Service: The Council for Exceptional Children, as the major professional association in the education of handicapped children, provides a variety of products and services related to practice, training, and research for education professionals working with exceptional children.

Address and phone: Council for Exceptional Children Information Center
1920 Association Drive
Reston, Virginia 22091

(800) 336-3728
(In Virginia call 703/620-3660 collect)

Additional Description: CEC maintains a comprehensive data base of professional materials on the education of handicapped and gifted children. (In contrast, NIMIS of NCEMMH is designed to provide information about teaching and instructional materials themselves, rather than about the professional literature.)

The CEC Information Center also produces information products in both print and nonprint formats. Products and services such as the following are available for purchase: topical bibliographies giving an overview of the significant historical and current literature on a given topic: custom computer searches of the twenty thousand citations in the CEC data base; Selective Dissemination of Information (SDI), a literature awareness service; Exceptional Child Education Abstracts (ECEA), a quarterly, indexed publication containing bibliographic information and an abstract of all literature acquired by the CEC Information Center and stored in its computer data base: CEC periodicals, such as Exceptional Children, Teaching Exceptional Children, Insight, Education and Training of the Mentally Retarded, and newsletters; almost a hundred other publications and nonprint products; and the CEC microform library, which contains in microfilm the entire historical collection of CEC periodicals and other publications. The CEC Information Center was established in 1966.

DIRECTORY OF TRAINING MATERIALS FROM

THE CENTER FOR INNOVATION IN TEACHING THE HANDICAPPED

Purpose: The Center for Innovation in Teaching the Handicapped is currently in its seventh year as a federally funded (Bureau of Education for the Handicapped) research and development facility. Its focus in recent years has been on the design, development, and systematic evaluation of instructional materials for teacher trainers and preservice and inservice teachers of mildly handicapped children. The ultimate goal of CITH's activities is to improve the instructional accommodation and social assimilation of these children by improving teacher training.

Brief Description: This Directory of CITH Training Materials contains information on a variety of games, simulations, and multimedia packages designed by CITH for use with preservice and inservice teachers. Some of these materials are still at the prototype and evaluation stages; others are available for distribution. Those materials which may currently be purchased from CITH are priced on the Table of Contents of this Directory. Further ordering information should be addressed to:

Address and phone: Dissemination and Retrieval Unit
Center for Innovation in Teaching the Handicapped
2805 East 10th
Bloomington, Indiana 47401

EXCEPTIONAL TEACHING

(A Multimedia Training Program)

Purpose: This new program trains future and practicing special education teachers in diagnostic-prescriptive teaching. It supplies useful instructional strategies, practical behavioral principles, daily classroom management techniques.

Designed to serve as a basic program for:
1. General (or generic) methods in special education (noncategorical survey of methods for special education majors).
2. Methods of teaching learning disabled children.
3. Behavior modification (Analysis and Modification of Behavior).
4. Diagnostic-prescriptive teaching (including continuous assessment).
5. Precision teaching.

Can also serve as core or supplemental material for:
1. Methods for teaching learning disabled.
2. Methods for teaching emotionally disturbed.
3. Methods for teaching midly and moderately retarded.

Selected parts of the program can be used as supplements to:
1. Diagnosis, assessment, or evaluation of exceptional children (particularly Modules 2, 3, and 4).
3. Survey courses (particularly Module 1 and parts of Module 5).
4. Field observation of practicum work.

Brief Description: Each module in the worktext explains key concepts and procedures, and then the audiovisual materials demonstrate how real teachers work with a variety of handicapped learners.

Students interact with text and media to assess their development of full mastery.

The program is flexible enough for use in self-paced, individualized or group-paced, classroom instruction, and works effectively in a combination of class meetings and individual work.

The program is both interactive and illustrative in the sense that the student uses text and media both for demonstration and for practice. 1976.

The audiovisual materials are available in a number of formats in order to meet a variety of needs and hardware.

Contact Persons: Owen R. White and Norris G. Haring, both, Experimental Education Unit, University of Washington

Address and phone: Charles E. Merrill Publishing Company
A Bell and Howell Company
1300 Alum Creek Drive
Box 508
Columbus, Ohio 43216

FORE

(Fundamentals, Operations, Resources, Environment)

Purpose: System FORE is an individualized instructional system for teaching the three basic skills of language, reading, and math. It includes developmental sequences of skills, birth to prevocational skills in all three areas, assessment inventories, individual and group record keeping instruments, a materials retrieval system, and procedures for establishing learning centers. As a general system for individualizing instruction, System FORE is a possible method of individualizing instruction to handicapped children in the "mainstream."

Brief Description of Materials or Service: System FORE is comprised of the components - Fundamentals, Operations, Resources, and Environment.

Fundamentals: are sequences of pupil objectives that provide the teacher with specific information about "what to teach." These include language sequences, reading sequences, and math sequences.

Operations: help the teacher establish "where the pupil is" and "where he is going." These include the assessing of pupils, determining of objectives, and the grouping of pupils.

Resources: are lists of instructional materials which can be used by the teacher to teach specified objectives. Specific parts of commercial and other materials are identified which relate to specific objectives. Procedures for establishing a materials list of catalogues, and a retrieval system in a region, district or school is included.

Environment: is the classroom arrangement which enables pupils to work on planned educational activities with appropriate materials. These are Learning Centers.

Together the components of System FORE offer a system of individualized instruction for individual teachers, schools, school districts, or regions. System FORE is primarily an instructional resource and therefore would be most appropriate for teachers currently in service.

Contact Persons; Addresses, Phones:

Bob Williams, L.A. Unified School District, Special Education Division
450 N. Grand Avenue, Los Angeles, California 90014

Alan Reeder, NWLRS, Clinical Services Building, University of Oregon, Eugene, Oregon 97403 (503) 686-3591

California Learning Resource System, 600 S. Commonwealth Avenue, Suite 1304, Los Angeles, California 90005 (213) 381-2104

LEARNING OPPORTUNITIES FOR TEACHERS

Purpose: Learning Opportunities For Teachers (L.O.F.T.) is designed to train teachers exactly like they are encouraged to teach. The training process proceeds through five instructional management systems which sensitize the participant to the effects of possible current practices before proceeding to exploring and modeling the effects of more accommodative instruction. The training content is designed to provide the competencies for social interaction problem solving (discipline) and concept teaching and materials management.

Brief Description of Materials or Service: There are a total 18 LOFTS and an assessment of instructional practices kit with follow-up materials. The training room is organized into learning centers with correlated games, show and tell materials, problem solving, self instruction, directed instruction and reading articles. A filmstrip center is also available on request. A trainer manual, 18 games, 230 transparencies, 120 problem solving cards, 240 show and tell examples, and 90 reading articles comprise the training content. 1976.

The L.O.F.T. is being used at both the university and school system levels for preservice and inservice teachers.

Contact Person: Barry Dollar (author)

Address and phone: Accelerated Learning Systems, Inc.
2873 16A Street N.W.
New Brighton, Minnesota 55112
(612) 636-6709

NATIONAL INSTRUCTIONAL MATERIALS INFORMATION SYSTEM (NIMIS)

Purpose: NIMIS is a computer-based on-line interactive retrieval system specifically developed for the purpose of assisting teachers, parents, and other educators in locating information about instructional materials in the field of special education. Its ultimate objective is to provide users with as much information describing educationally appropriate special education instructional materials as is available and feasibly reportable.

Brief Description of Materials or Service: An on-line interactive retrieval system enables an individual to converse with a computer, asking questions and getting immediate answers. The answers are given in the form of information that includes bibliographic information and abstracts or descriptions of the material. Each NIMIS entry includes, if available, items of identification such as the following: author, title, publisher, price, abstract/description.

Contact Person: Joseph P. Florio
Information Specialist

Address and Phone: National Center on Educational Media and Materials
for the Handicapped
The Ohio State University
Columbus, Ohio 43210

(614) 422-7596

THE PRINCIPALS TRAINING PROGRAM

Purpose: This training program is designed to achieve the following objectives:

Objective 1: Each participant will be able to demonstrate an understanding of the rationale for returning the handicapped child to the regular classroom.

Objective 2: Each participant will be able to demonstrate an understanding of alternate administrative and instructional arrangements for programming for handicapped students in the regular classroom.

Objective 3: Each participant will be able to demonstrate the skills necessary to administer a building special education program.

Brief Description of Materials or Service: To achieve the objectives, a problem centered training program has been developed which is supported by a wide variety of media (audio, visual, and print). The instructional strategies include independent, small group, and large group settings with the major emphasis placed on the small group. Participants will be expected to gather and analyze data related to a variety of problems and share the data with group members. 1975.

Contact Person: Donroy Hafner, Director

Address and Phone: Instructional Services
Education Service Center, Region XIII
6504 Tracor Lane
Austin, Texas 78721

(512) 926-8080

Note: A similar Teacher Training Program is also available.

PUBLIC LAW 94-142

(The Education for All Handicapped Children Act of 1975)

Purpose: This multi-media package was developed to help the field understand the many facets of P.L. 94-142, The Education for All Handicapped Children Act of 1975.

Brief Description: Included in the package are three captioned filmstrips and three audiocassettes, each designed to meet the needs of a different audience. A copy of the law, a question-and-answer document, and a printed copy of the script for each filmstrip is also included. Each script has a table of contents highlighting the issues presented in the printed copy of the script. Other laws and suggested resources have also been referenced in the scripts to help the presenter locate relevant material for expanded discussion. The law itself and the question and answer document may be duplicated for distribution to participants. The media package was designed to be used with an ordinary filmstrip projector and a cassette player. Audible bleeps on the cassette tape signal when to advance the filmstrip. 1976.

Address and Phone: Council for Exceptional Children
1920 Association Drive,
Reston, Virginia 22091
(703) 620-3360

Price: $50.00.

THE TEACHER TRAINING PROGRAM (TTP)

Purpose: The TTP is aimed at building skills, concepts, and attitudes which are necessary for the regular educator to successfully mainstream handicapped students into the regular classroom. The program addresses areas of individualizing instruction, alternative behavior management strategies, and the interfacing of regular and special educator.

Brief Description of Materials or Service: The TTP is a multimedia program consisting of a facilitator manual, participant manuals, filmstrips, tapes, games, transparencies, and films. It is designed to be flexible, to provide resources to be used as a total program or in parts, to be developer free, and to practice what it preaches: individualized instructional strategies and processes. It is applicable for pre- or in-service training K-12. 1975

Contact Person: Donroy Hafner, Director

Address and Phone: Instructional Services
Education Service Center, Region XIII
6504 Tracor Lane
Austin, Texas 78721

(512) 926-8080

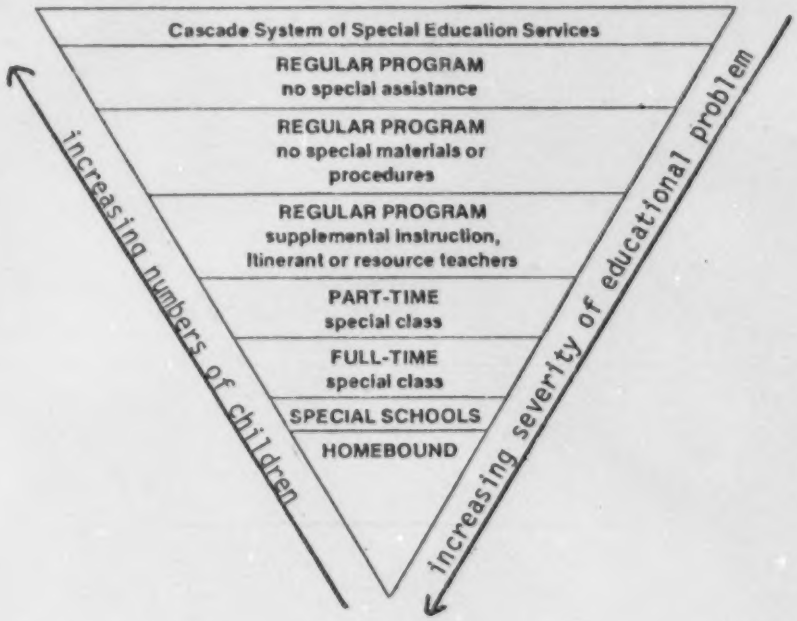
Note: A similar Principals Training Program is also available.

Section V: Least Restrictive Environment

TEACH CHILDREN - NOT CATEGORIES

Many terms used in education are being found not to be useful in making instructional decisions and sometimes even hinder decision-making. Such terms as mentally handicapped, blind, deaf, gifted, emotionally disturbed, learning disabled and other such labels lack the sensitivity required to pinpoint the specific educational needs of a child and how those needs can best be met. This problem exists whenever an attempt is made to apply to an individual what might be the characteristics of a large population. For example, few of the characteristics often associated with being a teacher or school administrator would apply to everyone in those occupations.

The Cascade System of Special Education Services places the needs of children in an educational context. It shows a continuum of services that should be available to children based on the type of educational needs that exists. Any placement on the continuum might be appropriate regardless of the clinical label attached to a child.



The Cascade System:

* emphasizes the child's educational needs and not a diagnostic label in making decisions.
* shows that many exceptional children have problems that can be met in the regular classroom.
* recognizes that a child's needs may change, causing him to move up or down the educational continuum.
* promotes team decision-making based on evaluation of the child's current educational functioning and the current educational environment.
* requires close working relationships between general education and special educators if the alternatives potentially available to children are to be put into practice.

This material is provided as a service from the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

SHOULD YOU CREATE ANOTHER CLASSROOM?

In conceptualizing the "Least Restrictive Environment" component, local administrators and program planners are often confronted with the statement, "What we need are more classrooms for the..." But, do you?

The following is a procedure for analyzing your program development needs. The procedure can be conducted by an individual administrator or by a group. Access to student records is necessary.

Data Collection:

Before you begin your analysis, several pieces of information must be obtained. You will need: a) results of your most recent child find effort; b) classroom screening results; c) consequent diagnostic and placement recommendations for each child; d) child's category of disability; 3) type of general education program s/he will need (preschool, elementary, secondary, vocational); and f) general type of placement recommended (e.g. resource room, special class, etc.).

You will also need a breakdown of the current program alternatives that are available in the district. It is necessary to classify these alternatives according to their general nature (i.e. itinerant teachers, resource rooms, self-contained special class, etc.) and to tally the number of such programs in the district.

Data Analysis:

The attached form represents one way to approach the data analysis process. On the left hand side of the form is a listing of the various categories of handicapping conditions. The column headings across the top of the form represent the major categories or types of program alternatives found within most school districts. However, it may be necessary to modify these headings to match the language and other systems used in your particular district.

The following analysis may then be conducted within each square. First, identify the number of students in each category of handicapping conditions requiring each of the programming alternatives by educational level, e.g. in the square for itinerant programs for Communication Disabilities you might have 0 preschool (pre.), 20 elementary (elem.), 8 junior high (Jr.) and 6 senior high (Sr.) Record these numbers in the column headed S (Students Identified), for each appropriate programming structure.

Second, consult your state's formula for determination of maximum classroom or program size for each group of students. Divide the number of identified students by the maximum number per program unit and enter the result in the column headed P_C (programs needed for compliance), for each appropriate programming alternative.

Third, enter the actual number of program units your district currently maintains, by educational level and programming alternative, in the column headed $\underline{P_a}$(programs available).

Fourth, subtract the number of programs available from the number of programs required for compliance for each educational level and programming alternative, and record this in read in the column headed $\underline{P_n}$(programs or programs units needed).

What Next?

These results may be used in a variety of ways, but a few suggestions are:

1) Prioritize the needs identified and assign program developers to your most pressing needs.

2) Use the data for justification in your next budget request.

3) Call together the district staff and ask them to develop a unified plan to respond to these needs.

4) Combine the information with similar data from surrounding districts to identify which child services should be provided by a regional, county, or cooperative agency.

Adopted from a needs assessment conducted in the Des Moines Public Schools by Dr. Thomas Jeschke.

	Itinerant Teacher				Resource Teaching Programs				Special Class With Integration				Self-Contained Special Class				Special Class				Residential			
	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n
Communication Disability																								
Pre																								
E																								
Jr																								
Sr																								
Hearing Impaired																								
Pre																								
E																								
Jr																								
Sr																								
Emotional Disability																								
Pre																								
E																								
Jr																								
Sr																								
Learning Disability																								
Pre																								
E																								
Jr																								
Sr																								
Mental Disability																								
Pre																								
E																								
Jr																								
Sr																								

103

		Itinerant Teacher				Resource Teaching Programs				Special Class With Integration				Self-Contained Special Class				Special Class				Residential			
		S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n	S	P_c	P_a	P_n
Physical Disability																									
	Pre																								
	E																								
	Jr																								
	Sr																								
Visually Impaired																									
	Pre																								
	E																								
	Jr																								
	Sr																								
Chronically Disruptive																									
	Pre																								
	E																								
	Jr																								
	Sr																								
Multiple Handicaps																									
	Pre																								
	E																								
	Jr																								
	Sr																								

LEGEND

S Students Identified
P_c Programs Needed for Compliance
P_a Programs Available
P_n Programs Needed

LEAST RESTRICTIVE ENVIRONMENT

(Some Examples)

The information on the following pages is presented as representative of some of the programs known to the staff of the Midwest Regional Resource Center as operationalizing the Least Restrictive Environment concept.

No attempt has been made to compile an inclusive listing of such programs. Rather the desire is to present a variety of organizational and programming alternatives. For further information, please contact the individual programs at the addresses listed.

OVERVIEW OF CHILD PSYCHIATRY SERVICE

UNIVERSITY HOSPITALS & CLINICS

UNIVERSITY OF IOWA

IOWA CITY, IOWA 52242

Child Psychiatry Service is located in Psychiatric Hospital. It is part of the medical complex of University Hospitals and the College of Medicine. Children and youth and their families are assisted in understanding and managing their emotional, learning, and behavior difficulties. Typical problems of children dealt with include hyperactivity, chronic anxiety, fearfulness, enuresis, and antisocial behavior.

The focus of the multidisciplinary team's intervention is the total child within his family unit. The child's family and public school teachers are viewed as major forces for helping the child change and adapt to the expectations around him. The overall, basic commitment is to facilitate necessary changes in the ecological system of each child to enable the child to remain in his own home and regular school program, or as near to these normal settings as possible. To facilitate the cooperative involvement of a variety of community resources, clinic staff provide support services, consultation, and inservice training to local professionals.

In addition to providing diagnostic and treatment services to Iowans, University Hospitals is established to conduct training and research. Working within Child Psychiatry Service, members of the Department of Educational Services are giving increasing emphasis to the continuing educational needs of a variety of education-related professionals.

IOWA AUTISM PROGRAM

In the IOWA AUTISM PROGRAM a major commitment is made to working with children with problems of Autism, the most catastrophic psychiatric illness of children. Typically, four to six children are admitted to the Inpatient Service for each eight-week session. Tremendous amounts of individual study and training are provided in the areas of developing responsiveness to people, learning to communicate through language, and learning to work within a small, self-contained special education class or program for the retarded. A long-term commitment is made to these children and their families and teachers. Educational and nursing staff closely follow home and school teaching efforts. Children may be readmitted to the Inpatient Unit frequently to provide further evaluation and programming.

THE EDUCATIONAL COMPONENT OF THE IOWA AUTISM PROGRAM

Children Served: The Iowa Autism Program admits children or youth (ages 1 to 21) who have been diagnosed autistic or who have autistic characteristics; most children's ages are from 3 to 10. Levels of intelligence have ranged from those designated as profoundly and severely handicapped to bright normal.

Professional Staff: The Iowa Autism Program coordinator is a certified elementary teacher with an advanced degree in educating children with learning and behavior disorders. Responsibilities include the supervision of each child's program from admission through follow-up in the home and community and the coordination of the education, nursing, and social work components of the program.

The Autism classroom teacher has special education degrees and certification similar to the coordinator's; background experience in language training of children with communication disorders is required.

Service Goals and Methods: The Iowa Autism Program is designed to help autistic children learn the skills necessary for them to remain at home and in a public school setting as an alternative to institutionalization. Specific training areas concentrated upon vary with the individual child's needs. The teachers concentrate on language and academic skills, and work with the inpatient staff on teaching social and self-help skills and reducing undesirable behaviors.

Behavior-shaping techniques are used to modify target behaviors, and those that prove successful on the Inpatient Unit are taught to parents through parent classes, individual counseling, and training sessions with the children (their own and others'). The teachers, nurses, and social workers also consult with schools, AEA's, preschools, and daycare centers. Because the problems of autistic children are usually serious and durable, a long-term follow-up commitment is made with the coordinator overseeing extensive community-based programming.

Interdisciplinary and Training Roles: The Iowa Autism Program is interdisciplinary in composition; besides the educational staff of three, including the coordinator, two social workers, and two nurses assigned primarily to the program, general staff workers, occupational therapists, and recreation personnel also participate. Professionals trained include those community persons involved with specific cases, as outlined above, as well as University practicum students in Special Education and Social Work.

Program Evaluation: Several procedures are currently in use to evaluate the effectiveness of the Autism Program. Diagnostic tests are given when appropriate to validate the parent and staff problem rating inventories and behavior observations. Realistic goals for each child's prescriptive program are scaled into a treatment outcome grid, and progress toward those predicted outcomes is evaluated by the Goal Attainment Scaling System. Individual behavior graphs, progress charts, and language-usage scales are compiled whenever possible to document progress toward these goals. Rating scales are gathered of parent and teacher perceptions of child change (pre and post) and satisfaction with the program (post).

AUTISM PROGRAM PARENT CLASSES

It is our belief that confident, effective parents are the most important element in a long-term treatment program for Autistic children. Because Autistic children are often not identified as such until they are around 3, or even older, many of the parents spend years going from doctor to doctor, clinic to clinic, trying to figure out what is wrong with their child. The information and instruction from each place they contact often conflicts with that from the next. They are told that their child is mentally retarded, schizophrenic, psychotic, brain damaged, and so on. Their expectations for their child's future are raised or lowered depending on the diagnosis and the clinician's interpretation of it. The experience leaves most parents feeling confused, helpless, frustrated, and sometimes angry.

While the Autistic children are on our inpatient unit, we ask the parents to attend about 9 or 10 hours of classes. The classses are held on Monday afternoons from 1:00 p.m. to 4:00 p.m. During the classes we try to provide the parents with several things: (1) information on Autism; (2) instruction and practice in the use of behavior modification techniques; (3) resources to utilize for future reference, including written materials, state, national organizations, community programs and liaisons; and (4) an opportunity to meet and talk with other parents of Autistic children. We often find that the last item is the most important.

During the first class we present some general information on Autism; past and present ideas on causation and treatment; our assumptions about causation and treatment; and we present general information on behavior modification --what it is, why it works, and how we use it. We then ask the parents to observe our staff working with the children. We ask them to count and record certain behaviors while they watch. Following the demonstration/observation we ask each set of parents to pick out a behavior they would like to change in one of their other children at home. They then chart the frequency of that behavior at home until the next class. At the second class, the parents discuss their efforts to chart the target behaviors at home. They then record their data on a graph. The lecture portion of the second class covers the use of reinforcement, and behavior shaping techniques. The parents are then asked to work with several of the Autistic children (other than their own) under the guidance of one of the staff members. Following these training sessions, there is a short discussion period where parents can ask questions or share their experiences. They are then asked to pick out a reinforcement system to use on the target behavior identified in the child at home. During the interval before the next class they are to go on charting the frequency of the behavior, and apply the reinforcement system they've chosen.

During the final class, we chart the data based on the use of the reinforcement system, discuss problems and questions that have come up using the reinforcement system at home, and how such problems might be dealt with. We present a short lecture on controlling undesirable behavior and using aversives. The parents are then asked to work with their own child under the guidance of a staff person. Again, after the training sessions, there is a brief wrap-up, discussion session. Class is dismissed. Most of the children are discharged within a week or two of the last parent class.

Concurrent with the parent classes, individual sessions are scheduled by the social worker with each set of parents. These individual sessions take on various formats depending on the needs of the child and the family.

For example, counseling goals may be directed at non-functional familial communication patterns; marital conflicts; lack of knowledge concerning child management techniques; unrealistic expectations for the child's future progress and development and/or denial of mental retardation, Autism.

When appropriate, these individual sessions may also include the child's primary nurse, resident, and teacher. Again, this is determined according to the particular needs of the family.

On occasion, the siblings have also been involved in the family sessions and/or in 'sibling groups' (e.g., siblings of the inpatient Autistic children). Frequently, the siblings have questions regarding the behaviors of their brothers/sisters. Often, they also need to be facilitated in verbalizing their feelings regarding the inpatient sibling.

Finally, in the course of the individual sessions, referrals are discussed and made to appropriate community resources to aid the family following their child's discharge.

After discharge, phone contact with the parents and more extensive, intensive help at home is worked out with each family as needed.

FIGURE 5.1
HOME PROGRAM FOR TEACHING RESEARCH
MULTIPLE HANDICAP PRE-SCHOOL[15]

Name: Susie Date started: 1/25/74 Date completed: _____

Task objective: Child will imitate 2-3-4 word chains.

Materials and Setting: objects and/or pictures of the words you're working on.

Treatment:

I. Cue or instructions:

A. Verbal: "Look, Susie, say ." "

B. Non-verbal: Present picture or object as you say the phrase.

C. Incorrect response: "No, Susie."

Criterion level of acceptable behavior: 5 consecutive correct responses before going on to next word chains.

FIGURE 5.2
DATA FOR DRESSING PROGRAM
BEING COORDINATED AT HOME AND SCHOOL[15]

Child's Name Johnnie

STEPS

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Date	Reinforcer Used	Phase	Step	Trials 1	2	3	4	5	6	7	8	9	10	Comments
2/1/74	Juice-social	II	1	X	O	X	O	X	X	X				
2/1/74	Juice-social		2	O	X	X								
2/2/74	Juice-social		2	O	X	O	X	X	X					
2/2/74			3											

school home

[15]H. D. "Bud", Fredericks, et. al. "A Home-Center Based Parent Training Model," Training Parents to Teach. (Chapel Hill, N.C.: Technical Assistance Development System, 1975), page 34 and page 36.

THE CAPPER FOUNDATION

FOR CRIPPLED CHILDREN

3500 West 10th Street
Topeka, Kansas 66604
(913) 272-4060

The Capper Foundation is a private nonprofit organization dedicated to the education and habilitation of physically handicapped children. The programs and services of the Foundation are designed to assist the child in achieving his maximum potential in physical and intellectual abilities. Programs and services include both residential and day care. Children are eligible regardless of race, color or religious affiliations.

We at the Foundation believe that handicapped children respond more quickly to treatment administered under "normal" conditions and strive to provide a "home away from home" for these youngsters.

The Capper Foundation is located in a residential section of Topeka. The complex includes a large habilitation center and three residential units, all fully air-conditioned. A residential supervisor oversees the duties of housemothers and their staff in the care and living environment of the students. She arranges activities and transportation of students to events outside the Capper Foundation.

PROGRAMS

The programs of the Capper Foundation are available through an Early Education Department which includes an Infant Program and a Preschool, Special Education (from elementary through high school), and an Adult Work Activity Center.

Early Education: The Infant Program is designed to serve children between the ages of three weeks and two years. Children enrolled in the program are brought to the Foundation once a week for a 1½ hour session. During this time they are seen in the various therapies and the classroom accompanied by their parents. Parents are viewed as an important part of the treatment team and are given instruction in techniques for working with their child at home. Through close interaction with the staff, parents are given support and help in dealing with the problems of their handicapped child.

The Preschool Program is designed to meet the individual needs of children between two and five years of age. In addition to creative activities, peer interaction, and pre-academic skill development, the children also receive individual therapies as needed.

Special Education Program: The Special Education program for handicapped children is fully accredited and staffed by teachers certified by the Kansas State Department of Education. Teachers and therapists work closely to develop an individualized program of instruction geared to the specific educational habilitative needs of each child. Regular academic classes, remedial academic classes, and pre-vocational skills are taught by the educational staff. Diagnosis and evaluation are a continual process in the Special Education Program.

Parent Program: The Parent Program encourages parents to schedule frequent observation days and staff conferences so that they are kept aware of their child's activities. Parents are viewed as important contributors to the habilitative process. The staff seeks to include the parents in a variety of ways.

Small discussion groups encourage an exchange of ideas between those who face the special problems of raising a handicapped child. The Capper Mother's Club provides an opportunity for social interaction and membership in an active organization. Monthly evening meetings offer programs of common interest planned by the parents. Parent committees for legislative action and public awareness also provide opportunities for involvement. In addition, a number of special events are planned throughout the year such as the Capper Carnival, a parent-staff Christmas buffet and a mother-tot swim and picnic.

Work Activity Center: The Work Activity Center provides two programs for the handicapped: a pre-vocational program designed to encourage appropriate work habits and skills in a vocational setting and extended work opportunities for disabled adults whose handicaps prohibit competitive employment. Productive speed and work tolerance are developed through the use of subcontracts from community businesses and industry.

SERVICES

Staff: The development of the whole child is the concern of the staff of the Capper Foundation. Full-time, registered therapists, teachers, social workers, a nurse and a psychologist assure a complete habilitation program for the handicapped youngster. By working together as a team, the staff of the Capper Foundation endeavors to return citizens to the community who are happy, useful, and well-adjusted.

Because each child's health is of paramount importance, the staff seeks frequent consultations with medical specialists. In addition, an orthopedic clinic is held monthly at the Foundation.

Occupational Therapy: The staff of the Occupational Therapy Department consists of registered therapists and trained aides. With independence as the primary goal, the child is guided through activity to develop skills in dressing, feeding, sensory integration, cooking, homemaking, pre-vocational activities, and gross- and fine-motor coordination. Each child is evaluated before he is admitted to the program and treatment is

tailored to his specific needs. All treatment is performed under a physician's prescription and supervision.

Physical Therapy: Physical therapists at the Capper Foundation evaluate each child to determine his physical capabilities. If indicated, a child is involved in an individual treatment program prescribed by a physician to help the child develop his full potential abilities and encourage functional independence. A program may include methods to facilitate normal motor development, exercises to increase strength and coordination and to promote relaxation, and training to improve walking patterns. Physical therapists at the Foundation also play an important role in instructing parents in the overall management of a child with a handicap.

Speech Pathology: The goal for each child requiring services from the Speech Pathology Department is to increase his communication with his environment. A certified speech pathologist assesses speech ability, language knowledge and usage, and hearing sensitivity. The pathologist then develops, conducts, and evaluates training programs for each child. The parents and staff are involved in the assessment and remediation process to maximize the child's progress.

Social Services: The social worker is a member of the multi-discipline team united to provide the best possible treatment services for the handicapped child. Initial contacts to the Foundation are made through the social workers. They are available for counselling with parents and children at admission and during the treatment process. Following admission, the social worker coordinates regular discussions with all members of each child's treatment staff in order to determine the child's progress and plan future programs. The social worker acts as the link between the child, the family, the Capper Foundation, and the community. Parents are encouraged to consult social workers at the Foundation.

Psychological Services: The psychologist helps to complement the team treatment through an assessment of the student's academic and emotional needs. He is responsible for the test of learning disabilities and disorders, counselling the child and his family, and consulting with team members.

Nursing Services: A Registered Nurse assists with the medical treatment for day care and residential students. The nurse coordinates and records dental and medical appointments for students and reports health certificates to the Kansas State Board of Health. The nurse is also the residential supervisor and provides direction for the well-being of the students in the three residential living facilities.

State of Iowa
DEPARTMENT OF PUBLIC INSTRUCTION
Special Education Division
Grimes State Office Building
Des Moines, Iowa 50319

Educational Resource Stralegist

Prepared by Raymond L. Feltner

5000-B45039-3/74

EDUCATIONAL RESOURCE STRATEGIST

I. WHAT IS AN EDUCATIONAL STRATEGIST:

The Strategist is a certified special education teacher whose role and responsibility is that of a full-time inservice trainer for teachers in working with the handicapped child. *

II. WHO DOES THE STRATEGIST SERVE:

Both general and special education teachers at the elementary school level. The strategist provides direct assistance to teachers in strengthening their competency at identifying, diagnosing, and instructing handicapped children within their own classroom rather than direct educational service to handicapped students.

III. WHERE DOES THE STRATEGIST SERVE:

The strategist is generally assigned to two elementary school buildings. The number of elementary buildings is determined by student enrollment per building.

IV. HOW DOES THE STRATEGIST FUNCTION:

The strategist and classroom teacher work as a team. The teacher brings teaching skills and the knowledge of the students in the class. The strategist brings knowledge of and skill in identification procedures, diagnostic methods, prescriptive educational treatments, and inservice training techniques. Together they collaborate in identifying the handicapped, diagnosing educational difficulties and implementing appropriate educational treatment strategies. The goal is to broaden teacher competencies in identifying, diagnosing, and instructing children with educational handicaps. In addition, the strategist collaborates with all resource team members in facilitating the services of the community based resource team.

V. WHY A STRATEGIST:

The recent movement to "mainstream" has identified that removing certain educationally handicapped children from the regular classrooms is stigmatizing, can be emotionally harmful, and does not increase the efficiency of learning. The training strategist, as an inservice teacher trainer, facilitates an expansion of teacher competencies that permits an increasingly broader range of educationally handicapped youngsters to remain in the regular class. The strategist's efforts, as a training support system, to continuously train teachers represents one attempt to remove conditions of inequality of educational opportunity for unserved, underserved and illserved handicapped students. The strategist makes every effort to assist teachers in utilizing the available resources to enhance their efforts at facilitating the handicapped's potential.

* These children are generally characterized by difficulties in cognition, emotional and physical abilities, and poor academic and/or adjustment performance.

EDUCATIONAL RESOURCE STRATEGIST

I. PROGRAM GOAL:

The educational strategist program for the handicapped is designed to provide full-time inservice training to elementary level teachers confronted by handicapped students. As a teacher training support system, the strategist, through continuing education procedures, strives to enhance teacher competency in developing and implementing personalized programming for the handicapped.

II. PROGRAM FUNCTIONS.

In order to facilitate teacher competency in developing and delivering educational services to the handicapped, the training strategist functions in three major areas. These areas of functions are: (1) training and education, (2) research and evaluation and (3) demonstration and dissemination.

To maximize comprehension of the educational strategist role, on the part of instructional, administrative, resource personnel and parents, the following statements exemplify the strategist's responsibilities.

TRAINING AND EDUCATION

1. Placement Service:

   a. Content for Placement Staffing
      (1) Assists resource team members to utilize content from the student's total ecology.
      (2) Helps resource team members, teachers and administrators comprehend that individual differences and differentiated instructional systems matched to those differences serve as the base for placement alternatives.

   b. Procedures for Placement Staffing
      (1) Collaborates with the teacher in collecting and sharing information on student problems and progress.
      (2) Disseminates information to resource team members previous to staffing.
      (3) Participates in placement decision-making.
      (4) Contributes recommendations for treatment.
      (5) Serves as consultant to parent concerning available options for placement.

2. Identification Services

   a. Defines areas of exceptionality
      (1) Provides verbal and written information on characteristics of the handicapped.
      (2) Assists teachers understanding of the human systems model of exceptionality.

   b. Describe Procedures for Identifying the Handicapped
      (1) Identifies screening techniques with staff.
      (2) Assists in training teachers in screening procedures.
      (3) Evaluates effectiveness of identifying procedures.

3. Educational Diagnostic Service:

   a. Discuss Areas of Human Abilities/Aptitudes and Learning Tasks.
      (1) Facilitates teacher comprehension of input, process and output areas of a human ability measures.
      (2) Assists teachers in "profiling" areas and levels of student functioning, i.e., cognition, affective and motoric abilities.
      (3) Aids teachers in determining the strength and weaknesses in specific measures.
      (4) Assists teachers in learning task analysis.
      (5) Helps teachers to determine the special education needs of the handicapped.

   b. Delineate Educational Diagnostic Procedures
      (1) Facilitates teacher competency in administering four methods of educational diagnosing: interview, observation, testing and analyzing cummulative records.
      (2) Assists teachers in scoring the results of diagnostic techniques.
      (3) Aids teachers in interpreting the results of their diagnostic activities in terms of measures of cognitive, affective and physical abilities and curriculum tasks.

4. Instructional Treatment Service:

   a. Treatment Objectives
      (1) Facilitates teacher's ability and skill in writing relevant and measurable objectives based on task and ability analysis.
      (2) Assists teacher in personalizing the need-objective-experience-evaluation approach with handicapped students.

   b. Treatment Activities
      (1) Assists teacher in experimenting with alternative instructional methods and techniques.
      (2) Records all treatment activities utilized.
      (3) Assists teachers in comprehending and implementing an aptitude-treatment interaction analysis strategy.

   c. Treatment Resources
      (1) Assists teachers in identifying and utilizing all available resources.
      (2) Demonstrates to teacher the need for and use of retrieval systems such as Media Analysis and Retrieval System.
      (3) Facilitates teacher's responsibility for matching resources to learning needs.

   d. Treatment Evaluations
      (1) Assist teachers to evaluate treatment interventions.
      (2) Monitors teacher interventions.
      (3) Demonstrates to teachers the recycling process.
      (4) Facilitates teacher sharing in the evaluation of treatments.

RESEARCH AND EVALUATION

1. Resource System Data:

   a. Implements data collection procedures.

   b. Forwards data to the DPI State Resource Coordinator for analysis and interpretation.

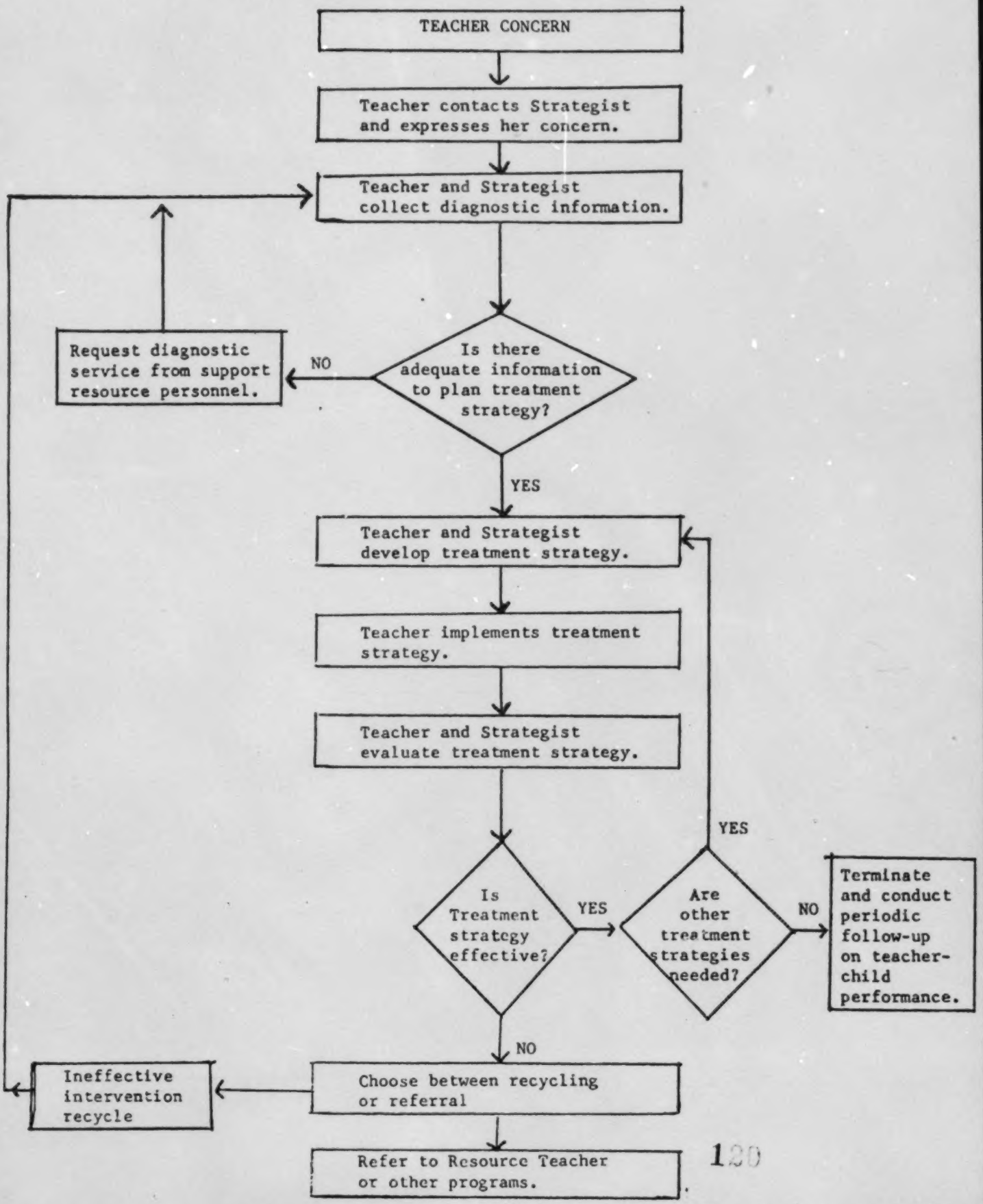
DEMONSTRATION AND DISSEMINATION

1. Resource Delivery:

   a. Makes every effort to demonstrate the efficacy of the system.

   b. Makes every effort to disseminate information of the services provided by the resource system.

EDUCATIONAL RESOURCE STRATEGIST FLOW CHART


TEACHER CONCERN
Teacher contacts Strategist and expresses her concern.
Teacher and Strategist collect diagnostic information.
Is there adequate information to plan treatment strategy?
NO
Request diagnostic service from support resource personnel.
YES
Teacher and Strategist develop treatment strategy.
Teacher implements treatment strategy.
Teacher and Strategist evaluate treatment strategy.
Is Treatment strategy effective?
YES
Are other treatment strategies needed?
YES
NO
Terminate and conduct periodic follow-up on teacher-child performance.
NO
Choose between recycling or referral
Ineffective intervention recycle
Refer to Resource Teacher or other programs.

EDUCATIONAL STRATEGIST

Description:
Educational strategists are special education support personnel who provide assistance to general classroom teachers in developing intervention strategies for pupils who are mildly handicapped in obtaining an education but can be accommodated in the regular classroom environment.

Certification or Approval Requirements:
- certification endorsement 10 elementary, or 35 special education K-12
- master's degree or equivalent
- one special education full approval area (80, 81 or LD)
- two years successful teaching experience
- completion of the strategist training program.

Temporary Approval:
Persons with less than a master's degree who are engaged in a master's degree program and have completed approximately 20 graduate hours, may be granted Division approval by special petition.

EASTERN NEBRASKA COMMUNITY OFFICE OF RETARDATION (ENCOR)
EDUCATIONAL SERVICES
FACT SHEET
10-01-76

PURPOSE:

The purpose of the Educational Services Division is to prepare mentally retarded children to use the same educational settings and resources available to all children in their own communities independent of ENCOR support.

HISTORY:

The original program type for educational services to children was the developmental center. Typically a rented building or space in a church, the center provided segregated services to mentally retarded children ages 18 months to 16 years in the following developmental areas:

1. Self-Help Skills
2. Socialization
3. Concept Development
4. Language
5. Motor Skills

In the spring of 1973, a program utilizing integrated preschools was partially funded by the Bureau of Education for the Handicapped (BEH). Over the next three years, preschool-age children moved out of the developmental centers and into these integrated settings. By the fall of 1975, all preschool-age children were being served in other settings with varying degrees of integration.

In 1974, area public schools began to develop and implement their own programs to serve school-age handicapped students previously served by ENCOR, as mandated by the Nebraska Legislature (see LB403 and amendments). As a natural result, the developmental centers that had opened over the years to serve the increased number of students needing services began to close their doors. At this writing, only one small center in Fremont continues to operate to serve students of school age in that community who are not already attending public school. ENCOR's program for preschool-age children remains to serve those under five years of age in a variety of integrated settings.

CURRENT PROGRAMS:

The Coordinated Early Education Program (CEEP) serves preschool-age students in regular preschools dispersed throughout the five-county region. Four basic types of placements are possible:

1. Home Training. A teacher comes to the child's home about once a week to advise the parents on particular areas and techniques to work on, and also to work directly with the child. The teacher shows the parents various

activities to use in working with their child and assists in recordkeeping which charts the child's progress. The program is primarily focused on children 0-3 years of age and utilizes Meyer Children's Rehabilitation Institute (University of Nebraska) for the initial assessment of the child's strengths and weaknesses.

2. Regular Integrated Program. A resource teacher from ENCOR works with center staff to integrate handicapped children into regular preschool activities. The handicapped child participates in all center activities, as well as individualized programs designed by the teacher to meet specific needs.

3. Traveling Resource Teacher Program. Children who do not require the support of a full-time resource teacher may be enrolled in a regular preschool and a resource teacher will visit the center once or twice a week. The teacher will observe the child and assist the preschool teachers with ideas for working with the child to meet his/her individual goals.

4. Cooperative Classrooms. Children who need more support than can be provided in the regular preschool setting are enrolled in the cooperative classroom. The classrooms are located in rented space within a regular preschool and are designed with a higher staff/student ratio to accommodate students who need more one-to-one instruction. At scheduled times during the day, the children participate in activities with the other children in the the preschool; these activities occur both in the classroom and preschool rooms.

The Fremont Adolescent Education Program serves all school-age students in the Fremont/Blair area who are not currently being served by their local school district. Group and individualized activities focus on developing skills that will enable the students to graduate to a public school program.

SUPPORT SERVICES:

Motor Development Services. As ENCOR began to serve more and more children with multiple handicaps, the need became apparent for special adaptive equipment that would position students so that they could participate in educational programs (i.e. a positioning chair for a student with little trunk or head control). Motor Development Services provides this special adaptive equipment. Since the equipment is highly individual, it must be prepared by prescription only and done in consultation with a physical therapist. In addition, periodic re-evaluation is mandatory to make changes necessitated by growth. Motor Development Services, although under the direct supervision of the Educational Services Division, provides service to adults as well as children, and to any person living in the five-county region who needs such adaptive equipment.

Transdisciplinary Team Services. The Team is comprised of Speech, Occupational, and Physical Therapists, and a Registered Nurse. Members assess student needs jointly and make recommendations for the child that encompass all disciplines. They also show the child's classroom teacher techniques for working with the

child to reach the goal of the recommendation. A team agent (usually of the discipline in which the child needs the most help) then monitors the progress of programs designed to achieve the goal and makes changes or pulls in the other therapists when/if needed.

DIVISION STRUCTURE:

The chart on the following page outlines the organization of the division and the lines of supervision. In the integrated preschools, staff to student ratio is from 1:2 to 1:5 depending on the amount of support needed by the students enrolled in the preschool. In order to assure maximum integration, no more than 20% of a center's student population should have significant developmental delays. The staff to student ratio at Fremont Adolescent Education is approximately 1:2 or 1:3. The ratio at the cooperative classrooms is 1:3.

FISCAL INFORMATION:

A variety of funding sources are utilized by the Educational Services Division. Title XX of the Social Security Act, LB403 contracts with public schools, parent payment of fees, county and state dollars are all sources currently being used. The Bureau of Education for the Handicapped has also provided partial funding in the past.

CLIENT MOVEMENT:

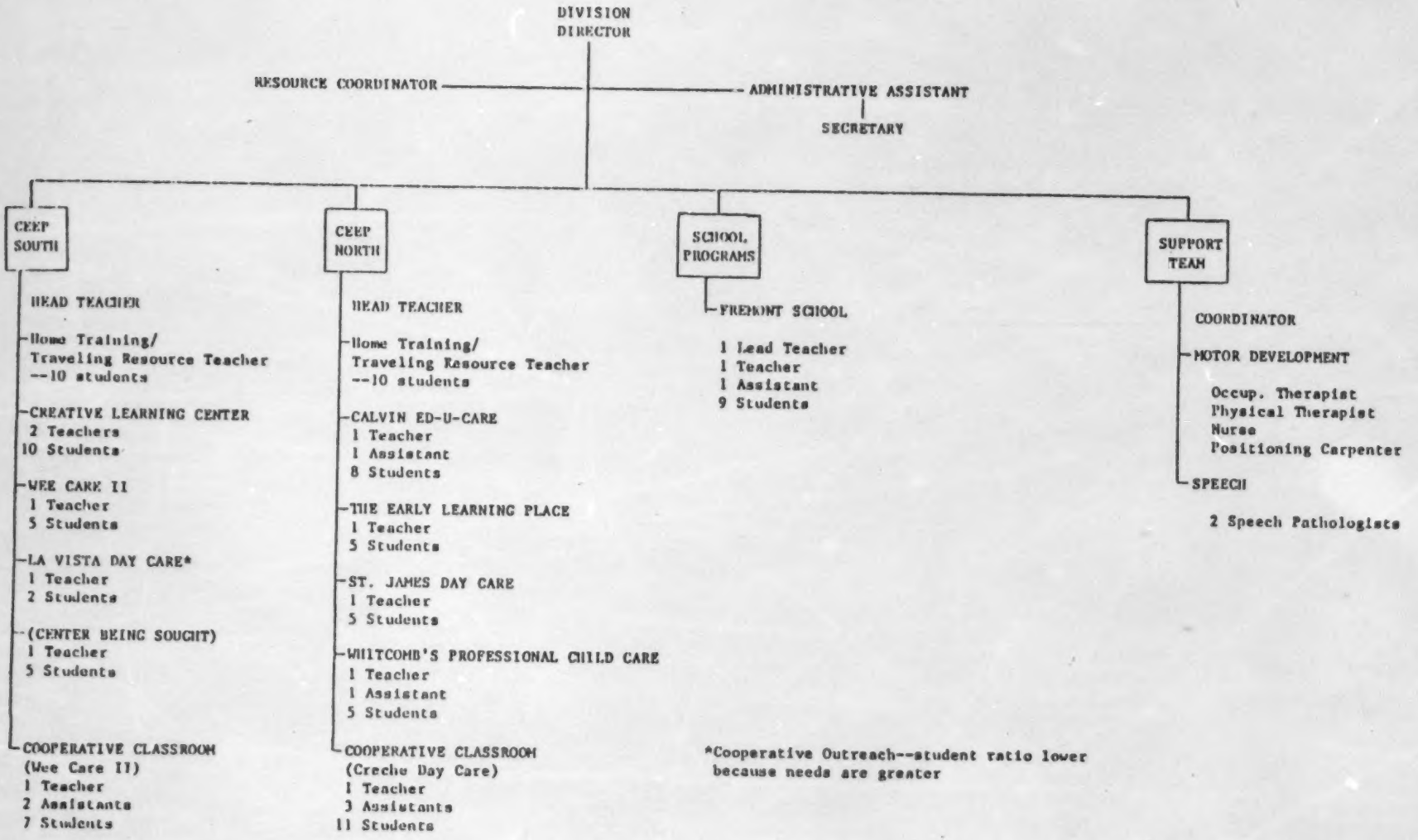
See attached chart.

FOR MORE INFORMATION, CONTACT:

ENCOR Educational Services
Eastern Nebraska Community Office of Retardation (ENCOR)
885 South 72nd Street
Omaha, NE 68114
(402) 444-6500

EDUCATIONAL SERVICES DIVISION
CURRENT STRUCTURE
SEPTEMBER, 1976

All student figures are enrollment maximums.



*Cooperative Outreach--student ratio lower because needs are greater

Implementation of a Service Delivery Model For Public Schools in a Rural Setting

by

Dr. Vic Baldwin

A Public School Classroom
for the Severely Handicapped

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OVERVIEW OF THE MODEL

The purpose of this chapter is to provide a brief overview of the classroom model, the various features of which will be discussed in more detail in subsequent chapters.

We have reached an era where educators must concern themselves with the education of the severely handicapped. No longer can this education be left to special interest groups; it is the responsibility of public schools to provide that education. That point is amply made by both Sontag (1973) and Dybwad (1973):

> The recent action of a federal district court that assured the right to education for all mentally retarded children in Pennsylvania is one more link in a chain of events which can be traced back half a century to the promulgation of the Geneva Declaration of the Rights of the Child. In accepting the new, revolutionary premise that mentally retarded individuals have the same rights as other citizens..., we are faced with new challenges as we proceed to translate these rights into reality.

This book is an attempt to help translate those rights into the reality of the classroom. It provides a classroom model for the education of both the moderately and severely handicapped which has been implemented and found not wanting in over 200 different educational sites.

The model is presented herein in the hope that others who have not been trained at the Teaching Research Infant and Child Center might benefit from this presentation and implement this model in their own classrooms.

The model described in this book follows essentially a prescriptive curriculum and individual programming for a classroom of ten to twelve moderately and severely handicapped children. The philosophy which underlines the model can be summarized as follows:

(1) Every child, regardless of handicapping condition, can learn. If a child is not learning, the fault lies not with the child but with the teacher and the environment. The child will only learn at his maximum rate or potential if the teacher has identified and utilized the correct combination of cues, behaviors and consequences. Therefore, if the child is not learning, the teacher must experiment by modifying either the cue or consequence or by reducing the behavior to smaller steps so that the child is able to achieve. These modifications to the environment must be done systematically. The data which result from the child's attempt to perform the learning required should be carefully recorded so that an analysis of effects produced by the various combinations of cue, behavior and consequence can be made.

Reprinted, with permission from the authors, from A Data Based Classroom for the Moderately and Severely Handicapped by Fredericks, Baldwin, Grove, Riggs, Furey, Gage, Levak, Alrik, Wadlow, Moore, Jordan

(2) Handicapped children learn in the same way as normal children, only usually slower. Because a handicapped child often learns more slowly than other children he requires therefore not less education than a normal child, but a more extensive and a more intensive education to compensate for his slower learning rate. This implies a more individualized program and a longer period of time spent on activities. Because it is generally impossible to extend the time of the school day, this extended period of learning must be carried into the home and the parent must assume the responsibility of conducting part of the instruction.

(3) There is no definitive way of determining the extent to which a child will progress. Therefore, no ceilings are placed on the curriculum; the teacher must be prepared to take the child as far and as fast as he can go. Thus, the curriculum must range from very basic skills such as toilet training, eating, and dressing, and basic motor movements such as head holding, and beginning receptive and expressive language, to more advanced academic skills such as reading and the utilization of numbers and number concepts.

(4) Because the range of individual abilities among a handicapped population are usually greater than the range of abilities among a "normal" population, the classroom for the severely handicapped must conduct individualized programs. Therefore, all materials are sequenced or programmed to meet the wide range of individual needs.

(5) Because of the wide range of individual differences in the severely handicapped population and oftentimes their unmanageability because of previous ineffective home training, effective instruction can oftentimes only be achieved in a one-to-one relationship. Therefore, the utilization of paraprofessionals to provide individualized instruction in the classroom is considered mandatory.

(6) No child is refused admittance into the program because he is not toilet trained. In fact, toilet training is considered to be an essential part of the education program of moderately and severely handicapped children.

(7) No child is refused admittance into the classroom because he is non-ambulatory. The development of fine and gross motor skills, including the ability to creep, crawl, or walk, is an integral part of the school curriculum.

(8) No child is refused admittance because he cannot communicate. Instruction in communication skills is emphasized.

(9) No lower age limit is established, allowing greater flexibility in admission of children to the program.

(10) No lower limit on IQ level is established on the premise that IQ measures at the lower levels and with young children are unreliable estimates of capability.

Research literature demonstrates that the best results with handicapped individuals are achieved with the utilization of behavior modification techniques. Gardner (1968) states:

> Results of studies of the application of behavior modification techniques to the mentally retarded have clearly established this method as a primary therapeutic tool. This is particularly true for the severely and profoundly retarded for whom traditional methods have been of little value."

Gardner provides an excellent beginning bibliography for those interested in examining the wide range of application of behavior modification learning skills.

The curriculum utilized in this model is The Teaching Research Curriculum for the Moderately and Severely Handicapped (Fredericks, et al., 1975).

Four major subject areas comprise the curriculum of the model described in this book. They are: self-help, language, motor, and cognitive. Self-help skills include basic dressing, eating, toileting, and personal hygiene plus more advanced stages of self-care. To establish individual programming in this area, as in any other curriculum area, a detailed task analysis of these complex behaviors was completed and the learning steps were sequenced. Each step of the sequence is approached as a behavior to be learned. These behaviors are then chained together, utilizing either forward or reverse chaining techniques until the entire behavior, or sequence of steps, is learned.

The second curriculum area is motor, which includes the entire range of basic motor movements from tone normalization and trunk righting, to sitting, to walking. The motor curriculum is sequenced and programmed to the extent that beginning recreational skills and fine motor skills, both upper extremity and lower extremity are included. Some standard physical education activities such as strength and stamina activities comprise part of the program.

Language refers to expressive and receptive oral and written language. For some children, signing and finger spelling and speech reading are necessary parts of language instruction.

Receptive oral language must necessarily start with attending behavior; that is, the child attending to task at hand. The next stages see the child responding to simple commands and then multiple commands. The ultimate in receptive language is an intelligent response to an abstract concept.

An experimental expressive oral language program was developed, known as the Teaching Research Initial Expressive Language Program (McDonnell, Fredericks, Grove, 1974). The program has eight sub-programs, the highest level of which is designed to teach the child to talk by chaining at least

three words. Over 2,000 sequence steps compose the entire program. Should the child not possess any expressive language capability, this language program starts at the very basic fundamentals by requiring the child to imitate gross motor movements. If the child does possess an expressive language capability, deficits in that ability are determined and sub-programs are prescribed. During the course of a child's training, he might be working on one, two or more of these sub-programs at one time. For instance, he might be building vocabulary, chaining words together and improving articulation.

Thus, the entire curriculum is based upon the principle of sequenced materials, task analysis of the behavior to be learned, and no lower or upper limits.

Priorities must often be set among these curriculum areas. If the child lacks some basic self-help skills, such as self-feeding, dressing or toileting, parents will invariably specify these as their highest priority. To satisfy the parents and elicit their support and cooperation at home, the child is immediately placed in the appropriate self-help skill program.

However, the teachers and professionals involved may set their priorities differently. Language development is considered to be the most important curriculum area with motor development as the next highest priority. These priorities are based on the assumption that any schooling for the handicapped should have as one of its goals assisting the handicapped person to function more effectively in our culture. Poor language and poor motor movement are the two main indicators of a handicapped person. Therefore, to help remove the stigma of "handicapped," we concentrate on these two principle indicators with the goal of helping the handicapped person use language and movement as much like normal persons as possible.

Another area to which the curriculum must attend is the management of behavior. It is axiomatic that inappropriate behavior which can interfere with the learning process must be eliminated before effective teaching can occur. Thus, if inappropriate behaviors are present in a child, the initial teaching efforts with him may be the extinguishing of those behaviors. His entire individual program may be focused initially in that direction.

The manner in which the curriculum is presented to the children, namely through individualized programs, necessitates the teacher to manage a highly structured classroom situation. Because of the severe handicapping conditions of many of these children, individualized instruction is often necessary. (A distinction is made here between individualized programming and individualized instruction. Individualized programming refers to placing the child in a curriculum based on his functioning ability. Individualized instruction implies a one-to-one relationship when teaching.)

To administer this individual instruction the help of paraprofessionals (volunteers) is enlisted. Paraprofessionals are taught to use behavior modification techniques. The simplification of the entire behavior modification paradigm for these volunteers is essential to their success in using the techniques. Unfortunately, there is inadequate time in which to train them to a highly sophisticated level in the utilization of behavioral techniques, and the relatively rapid turnover among volunteers prevents a large

investment in time and money in such training. However, they are taught proper cue and consequence delivery, data keeping, basic terminology, shaping and chaining. A method has also been developed to ensure the maintenance of these skills.

Individual prescriptions or programs are prepared for each child. A program prescribes the behavior to be taught, the way in which the cue is to be presented and the consequence to be used. The volunteer as she administers the program to the child records data in a specified manner on how well the child performs. The method of communicating the programs to the volunteer is through each child's individual clipboard. The clipboard which contains the data sheets is also the medium through which the volunteer reports the progress of the child to the teacher. The teacher, or more accurately, the classroom manager, is then able to modify the programs for the children for the next day after an examination of the day's data.

A volunteer is either rotated among the children or is assigned to a child and works through a series of programs with the child each day. A qualified volunteer may stay with the same child all day because she is capable of teaching in all curriculum areas. The advantage to this method of course is that the volunteer becomes very familiar with consequences appropriate to the child.

As has been mentioned, the teacher is not considered a teacher but a classroom manager. Although these teacher/managers are certainly capable of teaching the children much more efficiently than their volunteers, more children will receive more instruction if the teachers devote the bulk of their energies to supervising volunteers working with the children and modifying programs as necessary. The teacher of course usually conducts the teaching when it is apparent that the child is having difficulty with a particular program. Data collected daily on each of the children require that the teacher re-examine the individual programs for the following day to determine if an alteration is needed in the reinforcers, the sequence of a behavior, or a cue.

Volunteers come from many different populations. In one of the schools which used the model described herein, the volunteers came primarily from women's church groups and were older women, many of them mothers who came to the school setting with some preconceived notions about the education of children. In another school setting, high school girls were used almost exclusively. These girls, members of the Spades organization, a Kiwanis affiliate, were released from high school one or two days a month to perform volunteer service.

Parents of preschool children need to be involved in the program. Under the assumption that handicapped children learn in the same way as normal children, only slower, it is obvious that these children require not less schooling than normal children but more schooling. Since it is difficult to extend the learning day in the classroom, the learning day is extended into the home by converting parents into teachers.

Utilizing the same teaching methods to train parents as are used to train volunteers, the teachers taught parents the principles and techniques of behavior modification. Individual teaching programs were chosen to be

taught in the home which were coordinated with programs being taught in the school; parents were urged to conduct these programs daily in the home for periods of ten to thirty minutes. In general, 85% of the parents participated in the program. This aspect of the program should be considered essential for any school for severely handicapped children.

The physical facilities for this model require a large work area where children can play or where the teacher can conduct group instruction. (One must remember that even where group instruction is administered, the interactions with the children during these sessions are geared to each child's individual program.) In addition to the large area, five individual work stations are considered ideal.

The classroom model described herein was formulated on the principles of individualization of programs with a comprehensive curriculum emphasizing self-help skills, motor development and language. No lower age limit was placed on the children and no prerequisites, such as toilet training or ambulation, were established for admission into the classroom. The utilization of paraprofessionals and parents to teach the children was stressed. Results indicate significant gains in all areas. The model which is described in detail in the following chapters is therefore recommended to others.

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McDonnell, John; H. D. Bud Fredericks and David Grove, The Teaching Research Initial Expressive Language Program, Teaching Research Publications, Monmouth, Oregon, 1975.

MIDWEST REGIONAL RESOURCE CENTER

1332 26th Street
DRAKE UNIVERSITY
Des Moines, Iowa 50311
515/271-3936

NEW OPTION IN SPECIAL EDUCATION

Could you as a special educator meaningfully and productively utilize a service which: is free to parents; is accessible for yourself, your students and their parents; currently serves all handicapping conditions of children 0-21 years of age; has as its primary responsibility the matching of a child's needs with appropriate community service agencies; monitors and follows-up all clients until they reach 21 years of age; supplements other existing community service providers; and is being received well by parents and other service agencies? Couple these service characteristics with the fact that it is in full compliance with P.L. 94-142 and certainly assists with the attainment of a full service model for handicapped children, and you have a Direction Service Center.

Created by the Bureau of Education for the Handicapped after five years of extensive research under the auspices of the Rand Corporation, sixteen Direction Service Center models are currently in operation. Prior to their creation in February of 1976, the Rand reports of 1973 and 1974 clearly indicated that there were no service agencies whose primary function was to provide direction to the parents of handicapped children in their quest for the best possible match between their child's needs and available services in the community. No other agency was reported as having the capability for consistent monitoring and client follow-up, over time, that direction service provides.

The frustrations and anger of parents is best conceptualized through their own words as reported in the Rand studies.

- "...a chain of talking and talking and talking...(and) stumbling around from place to place..."
- "I don't even know what questions to ask."
- "There are so many government agencies, people don't know where to go."
- "There is no parental counseling, no referral; we were willing to try just about anything..."
- "No one ever put all the pieces together. We got only the service we asked for. No one ever tried to put all the clues together to move beyond the immediate problem. Doctors were not concerned. They kept coming up with the same diagnosis, did not listen to me, or look through the histories."

At the present time all operational Direction Service Centers are subcontracted through their respective Regional Resource Center (RRC) and are affiliated with a wide variety of state and local agencies. As one might expect, each center is organized in such a fashion as to reflect the individual characteristics and needs of its particular target area and population.

The MRRC Region #4 Direction Service Center model is located in Independence, Missouri and affiliated with the Independence Public Schools. Opened in March, 1976, the Jackson County Direction Service Center serves the handicapped children of Jackson County, Missouri, including the direction needs of twelve public school districts. If you have any questions or would like additional information, please contact: Dr. C. Kent Garhart
Direction Service Coordinator
Midwest Regional Resource Center

WHAT IS MAZE?

MAZE is an acronyn for the Madison Alternative for Zero Exclusion project. This acronyn identifies and labels processes and products related to the establishment of educational services for severely handicapped students in the Madison Metropolitan School District. Essentially, MAZE refers to certain model demonstration services, product development activities, and dissemination functions for the purpose of replication in other school districts.

MAZE is not designed in such a way that it could be wholly replicated outside of Madison, Wisconsin. However, many instructional procedures, curriculum sequences, administrative models, and practical experiences may prove useful to other school districts. It is for this reason that Madison has contracted with the Bureau of Education for the Handicapped (BEH) which supports, in part, Madison's efforts to demonstrate and disseminate public school programs for severely handicapped students.

WHAT ARE THE SPECIFIC GOALS OF MAZE?

The Madison Metropolitan School District operates, for BEH, the following three services through its MAZE project:

1. Model demonstration services;
2. Inservice training to professionals working with severely handicapped pupils;
3. Dissemination of curriculum materials, instructional methods and administrative strategies.

MODEL DEMONSTRATION SERVICES

MAZE is a public school project and its services are dispersed throughout the general educational program of the district. As such, MAZE is <u>not</u> a model demonstration center. Rather it is a collection of services focused on the severely and profoundly handicapped student.

The model demonstration service has two aspects: First, the implementation of ideal direct services to severely and profoundly handicapped students; and second, the provision for visitation of MAZE which may assist others in developing similar services in their own localities.

Population Served

MAZE serves 211 students in one of two ways, directly or through an outreach service. Direct services focus on students who are profoundly retarded or multiply-handicapped. Outreach services are provided to students who have recently transferred from self-contained to regular elementary, middle, or high school facilities and require minimal support. Outreach services are focused on students who have moved through the more restrictive levels of programming and are now functioning in less restrictive instructional settings. MAZE defines restriction on the basis of availability and frequency of contact with normal peers, opportunity for self-initiated behavior, and degree of normalacy and structure both in antecedent as well as consequential environmental conditions.

MAZE resources are concentrated more heavily on the direct service population. Also more direct involvement of MAZE staff occurs for students receiving direct services. Outreach services consist of staff consultation, follow-through, and supplementary services to facilities which serve the outreach population.

Specific outreach services are:

1. Supplementary art, music, and physical education instruction;
2. Materials support;
3. Curriculum support;
4. Medical and educational consultation.

Specific direct services include:

1. Multidisciplinary team evaluation and recommendations;
2. Individual educational programming;
3. Home and school coordination;
4. Preparing severely retarded and multiply-handicapped persons for integration into the community;
5. Coordinated speech and language services, physical therapy, occupational therapy, social work, and psychological services;
6. Medical consultation and intervention for teachers and parents;
7. Behavioral consultation and intervention for teachers and parents;
8. Curriculum development and coordination;
9. Evaluation of long term program needs for individual students;
10. Homebased instruction;
11. Volunteer services.

INSERVICE TRAINING FOR PROFESSIONALS WORKING WITH SEVERELY HANDICAPPED PUPILS

MAZE does not dichotomize between pre-service and inservice training in the traditional sense. Pre-service and inservice are integrated parts of our ongoing program. MAZE has established links with many departments at the University of Wisconsin-Madison. Although no MAZE funds are expended on pre-service activities, MAZE staff cooperates in the development of teacher training, therapy affiliations, and pediatric residencies. Such efforts are made in order to influence the nature of pre-service training programs. MAZE staff serve as visiting lecturers and consultants to the university training programs. Managing and supervising university students' practical experiences, however, is the main thrust of MAZE. Using a interdisciplinary task force model, MAZE is able to accomplish pre-service, inservice, parent participation, and curriculum development in one process.

Educational Training

A task force model has been evolved which focuses graduate and undergraduate university students, public school staff and selected parents, on specific needs or problems being encountered in delivery of service. Each task force is appointed by the project director. MAZE staff or a doctoral level graduate student is appointed chairperson. Chairpersons are responsible for directing the activities of the task force, coordinating with other task force chairpersons, and completion of the final task force report. In addition to the chairperson a typical task force may consist of a parent, a teacher, a

teacher's aide, a developmental therapist (an O.T. or P.T.), a psychologist and graduate and undergraduate trainees from a variety of disciplines. The inter-action of these individuals focuses on a need or problem provides the inservice/pre-service experiences.

Each staff member receives salary advancement credits at the rate of 1 credit per 10 hours of participation on a task force. MAZE also offers professional advancement credits for participation in MAZE-sponsored classes and independent studies under the project director. MAZE staff who teach structured inservice courses are paid through MAZE funding.

DISSEMINATION OF CURRICULUM MATERIALS, INSTRUCTIONAL METHODS, AND ADMINISTRATIVE STRATEGIES

One of the functions of dissemination is for purposes of project replication. MAZE is not designed for wholesale replication. Rather, MAZE attempts to replicate certain aspects of its curriculum and organizational strategies in other locations. During the third year, efforts toward replication will begin under the guidance of the project officer.

Specific dissemination occurs through the following methods:

1. Publication and distribution of books and readings on curriculum and program models;
2. Publication of journal articles;
3. Generation of public information;
4. Organization of workshops;
5. Presentations at conferences;
6. Generation of quarterly reports;
7. Coordination with the Regional Resource Center, the American Association for the Education of the Severely Profoundly Handicapped, and the Educational Resources Information Center (ERIC);
8. Coordination of visitors;
9. Consultation with educators throughout the United States;
10. Generation of mediated presentations.

INFORMATION SERVICE

For more information on MAZE, call area code 608-271-7221 and ask for MAZE information. Detailed inquiries should be sent to Ms. Bambi Lyon, Administrative Assistant, Project MAZE, 501 East Badger Road, Madison, Wis. 53713.

MAZE is funded by: Contract No. OEC-0-74-7993 with the Bureau of Education for the Handicapped, Office of Education, U. S. Department of Health, Education and Welfare. Appreciation is expressed to Mr. R. Paul Thompson, Project Officer, for his continued support.

Contractors undertaking such projects under government sponsorship are encouraged to express freely their professional judgement in the conduct of the project. The points of view or opinions stated do not, therefore, necessarily represent official Bureau position or policy.

AN EDUCATIONALLY BASED SERVICE DELIVERY MODEL FOR THE SEVERELY HANDICAPPED IN RURAL, SPARSELY POPULATED AREAS

Project MESH
Model Education for the Severely Handicapped
C. Robert Campbell, Director
Bureau of Child Research
University of Kansas
320 North 29th Street
Parsons, Kansas 67357
(316) 421-3570

Model Education for the Severely Handicapped

An Educationally Based Service Delivery Model for the Severely Handicapped in Rural, Sparsely Populated Areas

The Project for Model Education for Severely Handicapped (MESH) is sponsored by a contract to the University of Kansas, Bureau of Child Research from the Bureau of Education for the Handicapped. The project funding began in July, 1974 and continues through June, 1977.

The broad objectives of Project MESH are to provide, in conjunction with other agencies and organizations in the state, (1) a plan for comprehensive service designed to meet identified, developmental needs of severely handicapped children and youth from rural, sparsely-populated regions of Kansas; (2) a model demonstration project which provides education and training for a representative sample of severely and moderately retarded children which can be replicated in rural, special education cooperative school districts on a state-wide basis; and (3) dissemination strategies whereby information about the program will become widely known to both professional and nonprofessional personnel, who are working with or interested in serving severely handicapped children from rural areas across the nation.

Project MESH was developed because educational programs for purposes of comprehensive planning and prescriptive education were largely unavailable for severely handicapped children in rural communities and small towns. Parents traditionally have been referred from agency to agency where they might obtain diverse evaluations and diagnostic descriptions of their child's problems. Frequently, they are faced with two alternatives: (1) have the child remain at home with no educational services; or (2) place their child in a residential institution.

Throughout the country, rural and small community school districts are forming multi-school district cooperatives. This consolidation has permitted school districts to get enough exceptional children together to make feasible the development of programs for moderately handicapped students. By forming multi-school district cooperatives, rural schools in Kansas are able to provide educational programs for the moderately handicapped. In fact, all school districts in this state, by law, provide educational services to all school-aged, moderately retarded children. Because of the small numbers of severely handicapped children in rural areas, economic programmatic grouping makes it impossible to develop a separate educational program for severely handicapped children and youth.

If separate programmatic groupings were provided for severely and moderately handicapped youngsters in a typical rural, special education cooperative, only three to possibly eight severely handicapped children would be available within the district. Project MESH was predicated on the assumption that severely handicapped children from rural areas will not likely receive public school programs unless these programs interface with existing programs for moderately handicapped children. This brings about the second assumption of the model currently being tested by Project MESH. The training needs of severely mentally handicapped and trainable mentally handicapped are similar and, in many cases, the same. Is it then necessary to develop a new system to provide classrooms, programs, and transportation for the severely mentally handicapped? We believe the answer is, no, *if* a developmental approach is followed. By developing a demonstration project which includes both severely retarded and trainable youngsters within the design, the severely handicapped can be optimally served in rural areas and parents can be provided with a major viable alternative to institutionalization.

MESH Program Model

The two assumptions described above are: (1) that it is necessary to interface with existing programs for mentally handicapped, and (2) that the developmental training needs for older severely handicapped are similar to the needs of "younger" trainable students. These assumptions provide a framework for developing a programmatic model.

The program model is based upon the specific nature of services available to the retarded student living in many rural, sparsely-populated areas. It is designed to utilize existing community and school cooperative programs to maximize the training made available to the severely retarded student, and also, to provide this training and service without necessitating residential living arrangements or additional transportation systems. The terminal objective of this program is to deliver an individual prescription of services for each student, providing him with at least the minimal skills and abilities required for living independently within the community.

For the most part, services for the moderately retarded child are already available in every community, either through the local school district, or through multi-district special education cooperative programs. These existing programs, provide the central foundation upon which the proposed programs for more severely retarded students will build and expand. The cooperative programs existing for moderately retarded children already provide a complete transportation network extending the maximum practical distance a child should be transported daily. Since it must be assumed that the severely retarded population is smaller than the moderately retarded population, it would be highly impractical to extend the cooperative networks further in order to provide group programs for these individuals. There is a popular belief, some data, and years of experience to suggest that residential training programs are not necessarily compatible with teaching community survival skills. It is, in many cases, undesirable to provide residential living arrangements for the severely handicapped and trainable student in recognition of the program objective of teaching the student community and independent living skills. It is our intention, therefore, to provide an effective system for service delivery to the severely retarded child and his parents that is within the abilities of the existing community and multi-district cooperative programs, thus utilizing existing transportation systems, equipment, and professional expertise. This system could then be used as a model and training demonstration center for developing similar programs throughout the state and, potentially, other rural programs throughout the nation at large.

Service Delivery and Management System

In keeping with the intention of providing a model or components of the model which may be replicated in other communities, the demonstration program originates from the model typically used in existing trainable mentally retarded programs. Such programs make use of the traditional classroom, with some specialized areas for training in nonacademic behaviors. The program generally makes use of one teacher, assisted by one or more aides or paraprofessionals, in each classroom. Currently, the demonstration center conducts four classrooms, one each at the primary, intermediate, junior-high, and high-school age levels. Each class has ten children, approximately five severely mentally handicapped and five trainable mentally handicapped. The curriculum is being developed by the three project units: Survival Skills and Program Technology (vocational; daily living skills); Communication (speech and language training); and Classroom (academics, social behaviors and motor development).

ORCHARD PLACE

"A Residential Treatment Center For Emotionally Disturbed Children"

925 S. W. Porter Avenue
Des Moines, Iowa 50315
515-285-6486

ORCHARD PLACE

A residential treatment center for emotionally disturbed children aged 7 to 16, is operated by the Des Moines Children's Home, a private, non-sectarian, non-profit corporation which has provided foster care for neglected and dependent children since 1886.

ADMISSION POLICY

Orchard Place can accept children who evidence a desire for help and a willingness to make a commitment to residence and treatment. Children will not be admitted if serious doubt exists concerning motivation and the appropriateness of the program for them. It should be emphasized that each child will be considered on his own merits with consideration given to the limitations of the program, present staff, and space available at the time admission is sought. The child must have an actively involved parent or parenting person who has an investment in, and a future plan for, the child.

Children served may be broadly classed as moderately to severly disturbed, between the ages of 7 and 16, at the time of admission, and having average or potentially average intelligence. Children with severe physical problems, retardation, or severe psychosis, will generally not be considered for admission. Orchard Place does not have a legal residence requirement, nor is any child denied admission because of race, sex, religion or creed.

PREPARATION FOR PLACEMENT

Children who are accepted for admission must evidence a desire for help. A child may have some uncertainty about engaging himself in treatment at the time of the evaluation, however, if the child is to be accepted, he and his parents will be expected to clarify those points on which treatment will focus and write these in a contract with the Admissions Officer. Those placing children should verbally support the position that "Orchard Place is not your home, and the staff are not your parents. You have problems, you need help, and the staff and the program are available to help you with your problems."

TREATMENT FOCI

A treatment program of moderate duration (usually one to three years) is provided. Cottage life, special education and individual psychotherapy are coordinated and directed toward enabling the emotionally-disturbed child to achieve a modification in his life adjustment sufficient to return him to his usual and/or future home.

PSYCHOTHERAPY

Upon admission to Orchard Place each child has a treatment program tailored to fit his individual needs. Casework interviews are regularly scheduled for all children. Should crises occur, the Casework Therapist is available to assist the child in resolving his problems anytime during the day or night. Group therapy sessions are scheduled for those children who can benefit from this form of therapeutic experience. The focus of these group meetings is upon the child's problems, not only as they relate to group living, but as his problems affect his relationships with his family - present or future.

Parents are seen in conjunction with the treatment of their child. The interviews focus on what the parent can do to assist the child and themselves to live together successfully. Family interviews are often used to improve and clarify communication problems between parents and child. Parents are involved as an integral part of the child's treatment at Orchard Place, both on and off campus.

SPECIAL EDUCATION

Remedial special education is based upon the needs of each child in residence and is scheduled for those children who cannot succeed in the public classroom. Few of the children accepted at Orchard Place are ready, either behaviorly or academically, for public school. Specially trained teachers plus teacher assistants and aides work individually with each child to assist him into the public school classroom as soon as possible. The Campus School is part of The Des Moines Public School System.

CONTINUING EVALUATION

Evaluation staffings occur after 30 days in residence and regularly thereafter. The staff meets with the Psychiatrist-Consultant to share their impressions of a given child's course of therapy, review the treatment plan and reformulate methods and goals as indicated. Throughout the week informal conferences occur regarding the progress of individual children. A written summary of the evaluation sessions are available to the sponsoring agency. The results of these staffings are appropriately shared with parents who are actively involved in the total therapy program.

DISCHARGE PLANNING

When it appears a child is nearing the point of maximum treatment benefit, discharge is considered and a thorough evaluation is made. All aspects of the child's adjustment problems are weighed in view of his strengths, capabilities and weaknesses. In concert with the parent or parenting agency the treatment team determines the readiness of the child for discharge.

Recommendations for discharge and suggested after-care guidelines will be discussed with parents, sponsoring persons, or social agencies, who carry a major responsibility for the child being discharged. In those cases where more than guidelines are needed and a request is made, Orchard Place will assist in contracting social or psychiatric resources which can be of assistance to the parent or sponsoring persons, or provide such on an outpatient basis.

AFTER CARE

The parents of sponsoring persons are seen in relation to their adjustment to the child and the child's adjustment to the family. The family group conference is often used in these follow-up sessions, which may continue until they are no longer needed or positive transfer to another community resource can be made. The charges for follow-up service is on a per-hour basis.

GROUP HOME

A group home, located near downtown Des Moines operates as a halfway house for adolescent boys who no longer need the structured living of the campus program. In a home-like setting, a maximum of six boys at a time are helped to adjust to the demands of community living.

Portage Project: Training Parents to Teach: A Homebased Program for Preschool Handicapped Children

by

Ms. Marsha Shearer

PROJECT: THE PORTAGE PROJECT: A HOME APPROACH TO THE EARLY EDUCATION OF HANDICAPPED CHILDREN

• description

The Portage Project is a home teaching program serving multicategorical handicapped children from birth to six years of age. It is financially supported by 23 local school districts in South Central Wisconsin in cooperation with the Wisconsin Department of Public Instruction. The program provides a home teacher to each family weekly to aid parents in:

- assessing the child's present skill level in five developmental areas,
- targeting emerging skills
- helping them to develop skills necessary to teach their own child
- defining appropriate teaching techniques
- evaluating the child's performance.

The program follows a precision teaching model and is based on the premise that effective parent involvement is the main ingredient in long-term effective early childhood intervention. During the home visit, the home teacher demonstrates how the parent is to teach the child during the week, and baseline data is recorded. The parents then model the teaching process for the home teacher and a system for recording child performance is determined. Three to four prescriptions are left weekly and parents continue to teach the child daily and to record the child's progress. On the next home visit the home teacher records post-baseline data on each task which serves as the basis for weekly curriculum modification.

• target audience

Handicapped children, mental age 0 - 6, preschool programs, non-handicapped Head Start home-based programs.

• materials used

The Portage Guide to Early Education is an ongoing assessment and curriculum planning instrument developed by staff. The Guide includes a checklist of behaviors and a card file containing curriculum ideas. The color-coded Guide is divided into five developmental areas: cognition, self-help, motor, language and socialization and also includes a section on infant stimulation. This sequential developmental guide can be used with children functioning from birth to six years of age.

Recording and evaluation forms, multi-media instructional packages and the Portage Guide to Home Teaching are also utilized in training.

• descriptors

Multicategorical handicapped children functioning between birth to six years of age, normal preschool children, home-based intervention, parent training, weekly curriculum planning, weekly assessment of child behaviors, precision teaching, data-based, accountability and program monitoring.

• financial requirement

Based on a 9½ month school year, per pupil costs average $650.00. Start-up cost has been estimated as ranging from $755 to $1,600 per child per year (data secured from replication sites).

• program evaluation

The children in the project (Mean IQ 75) gained 15 months in an 8 month period of time as measured by the Cattell Infant Test and the Stanford-Binet Intelligence Test. Sites implementing the model have demonstrated similar gains.

Another study has shown that greater gains were made by Portage Project children in mental age, language, academic and socialization skills when compared to children receiving classroom instruction.

The Portage Project has been replicated in approximately 30 sites nationwide. Locations have been rural and urban; various socio-economic and educational levels of parents have been served including the culturally different.

ADOPTION CRITERIA:

General Criteria: Public or private non-profit agencies or others interested in adapting the validated model will need to provide assurance that the services for children and their families will be continued and that the quality of the model will be maintained. A Technical Assistance Agreement will be written between the Portage Project and the replicating site delineating responsibilities for training, data collection, dissemination, cost sharing and other factors mutually agreed upon. The site should be able to provide service to a minimum of 40 children and their families. The Portage Project will be able to provide assistance for a one year period to a limited number of interested adaptors, who would need to plan to contribute to travel and other necessary costs. Further information can be obtained by directly contacting The Portage Project. Parties interested in receiving support from the Bureau of the Education for the Handicapped for one year assistance should contact:

Handicapped Children's Early Education Program
400 Maryland Avenue S.W.
ROB 2018
Washington, D.C. 20202

Staffing: Three teachers (professional or paraprofessional) and one master teacher (professional) should be employed 100% on the project. It is recommended that resource personnel be available to the staff for assessment and curriculum planning.

Facilities/Installation: All instruction takes place in child's home, only facility necessary is small office for storing materials and for staff meetings.

Training: Initial training consists of 4-5 days intensive instruction at the replication site. One to two follow-up visits will be scheduled during the year to assess program effectiveness and to evaluate curriculum planning, data collection, and the home teaching process.

ADOPTION SERVICES:

- **training materials**
  Awareness brochures and project dissemination packets are available at no charge. The order forms and brochures for the Portage Guide to Early Education and The Portage Guide to Home Teaching are available by writing to the Portage Project. Multi-media packages are used for training at workshops and conferences.

- **demonstration/visitation**
  Workshops in the Portage Project Model are conducted monthly in Portage. Opportunities to see home visits and to receive training in model components are available by contacting the Project.

- **training capability**
  Monthly workshops in Portage, on site training for replications, regional and national conferences and presentations.

CONTACT:

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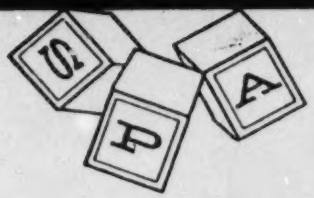
412 East Slifer Street
Portage, Wisconsin 53901

(608) 742-5342

Development Begun: 7/69
USOE Approval: 11/75
Diffusion Start: 7/72



SEVERE PERSONAL ADJUSTMENT

1809 BUNKER

KANSAS CITY, KANSAS 66103

913-371-5085

SPA, a program funded by the Department of Health, Education and Welfare, serves severely emotionally disturbed school age pupils. The project is a joint venture between the University of Kansas Department of Special Education and Kansas City, Kansas Public Schools. The project is housed at Louisa May Alcott School.

The purpose of the project is to develop a program to not only serve the educational and social needs of severely disturbed children, but also demonstrate model curriculum and instructional procedures, and to disseminate information and data to a variety of professional and lay organizations.

Two classroom teachers direct the teaching of each child, maintain records on educational procedures, direct activities of teacher aides, and work cooperatively with the ancillary staff and data collectors. Two aides support the teachers as para-professionals. The Diagnostic/ Prescriptive Specialist works with the classroom teachers to develop appropriate prescriptive models, materials, and management techniques. The Occupational Therapist coordinates activities designed to develop living skills as well as initiating perceptual motor programs for pupils. The Parent-Counselor conducts sessions to instruct parents in basic learning theory and supervises implementation of these techniques with their children.

Typical behaviors of the children include perseveration, language problems, self-stimulation, hysteria and hallucinations. The structured approach is the strategy employed in educating these children. In conjunction with the diagnostic/prescriptive specialist the teachers plan individualized programs to remediate emotional problems and the resulting educational difficulties. Programming, a shaping process, organizes lessons into small sequentially arranged incremental units. Teachers structure the classroom to obtain optimal learning conditions. Intrinsic reinforcers follow each learning sequence and positive consequences are contingent upon completion of assigned tasks. The teachers provide on-going feedback, appropriate materials and curriculum, and an integration of tasks. The intention is that the programming for success will reverse the history of failure and that the pupils will become responsible for their own behavior.

Pupil progress is a joint effort of the team. Daily, recorders collect data on pupil behaviors. Following a thirty day diagnostic period the staff evaluates the child's behavior and decides whether to accept the child on a permanent basis. Each pupil is designated a case manager from the staff. This person is responsible for monitoring the child's progress making certain each child's needs are being met. Exit criteria specify behaviors necessary before being considered for placement in the next most appropriate setting on the continuum.

Following establishment of exit criteria specific academic and social remediation plans are implemented. Progress of each child is evaluated monthly by the entire staff. This evaluation is based on standardized measures, observational measures and daily data obtained on specific measures.

Specific evaluation procedures during the thirty day trial placement allows for specific assessment in an environment providing experimental control of stimuli, contingencies, and consequences. Norm-referenced, criterion-referenced, informal measures and observation are utilized during the intensive evaluation period. The trial placement also permits the opportunity for assessing the willingness of the parents to involve themselves in the program.

The prescriptive model utilizes information derived from an analysis of the individual child, analysis of educational variables, development of instructional prescriptions, and evaluation of these prescriptions. The prescriptions aid both the academic and emotional progress of the child.

The Occupational Therapist primarily works with the child during private therapy sessions. Main areas emphasized are perceptual motor functions and activities of daily living. Formal tests, informal checklists, and observation are utilized to evaluate the child in these particular areas. Treatment sessions are held weekly in a time period beneficial to the child. Each session is planned according to the child's needs. Close interaction with teachers and other staff enables the Occupational Therapist to relate a child's progress and how the progress will help the child in his classroom activities. The staff can also give input about needs which could be dealt with in therapy sessions.

The Parent-Counselor provides ancillary services to the SPA staff, parents and child. His primary role is to instruct parents of emotionally disturbed children in the basic principles of learning for the purpose of practical applications in the home; the ultimate purpose of which is to teach parents to perform as behavior managers for their own children. Among his other responsibilities are the coordination of home and classroom objectives and activities as well as the coordination of service between parents and other ancillary resources.

CHAPTER 5

COMBINATION HOME/CENTER PROGRAMS

Most service delivery systems for young children provide instruction in either a classroom or a home setting. However, evidence indicates that when a program includes both home-based and center-based training, the child's rate of learning is significantly accelerated.[14] Also, one of the dimensions of a parent involvement component is to improve parent-child interactions. This can be more effectively accomplished if parents are trained to conduct activities which are familiar to the child and appropriate for the child's developmental level. An added benefit of this cooperation is increased consistency between the classroom and the home.

In this chapter, three programs for coordinating the instruction between the center and the home are described. The first model is for home follow-up with children who attend a center on a regular but part-time basis. The second model is primarily for children who attend a center on a full-time basis. The final method indicates a method for distribution of materials to encourage home follow-up activities.

I. CENTER ATTENDANCE/HOME VISITS

A. Children attend a center on a regular schedule, but on a part-time basis. For example: the center has children attending from 9:00 a.m. to 11:30 a.m., two days each week.

B. The parents may be involved as observers or aides in the center.

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[14]Janet Grim, Editor. Training Parents to Teach, (Chapel Hill, N.C.: Technical Assistance Development Service, 1975), Chapter 3.

C. Teachers schedule weekly home visits to provide follow-up on classroom activities.

D. Children receive additional individualized instruction at home on classroom-related activities.

HOME VISITING GUIDELINES. Each home visit will be unique because each teacher develops a style and each parent must be handled differently. In general, the home visitor should non-judgmentally observe the home environment and family interactions, share child-related information, demonstrate appropriate techniques and reinforce the parent. The information obtained from home visits can be used to help the teacher for both classroom instruction and home activities.

Observing

How the parent interacts with the child.

* How does the parent manage and control the child?
* Does the parent express affection toward the child both verbally and physically?

How the parent perceives the child's ability.

* What comments does the parent make about the child?
* Do the parents' expectations for the child seem appropriate?

How the parent reacts to the child's responses.

* Does the parent give a majority of positive or negative attention to the child?
* Is the parent interested in what the child says or does?

Information Sharing

Explain objectives.

* What are the center's objectives?
* What are the specific objectives for this child?

Explain stages of development of the child.

* On what skills is the child working?

* At what level is this child developmentally?

Suggest ways to interact with the child.

* What positive attention can the parent give the child?

* What management techniques does the parent need help with?

Suggest ways daily experiences and household objects can be used to help the child learn.

* What experiences can the parent share with the child?

* In what ways can learning activities become part of the daily routine?

Demonstrating

Demonstrate how patience and understanding facilitate performance.

* Are you taking time to listen to the child?

* Be patient with a child who is having a difficult time with a learning task. Does the task need to be adjusted for this child?

Demonstrate how to reinforce the child.

* Are you giving the child positive attention?

* Do you ignore negative, attention-seeking behavior?

Demonstrate appropriate language for encouraging language development.

* Do you correctly repeat sentences which the child has said. For example: If the child says, "Table wet." Do you say, "The table is wet?"

* Can you introduce new words into the child's vocabulary?

Demonstrate how to present activities to the child.

* How can you appropriately get the child's attention?

* Do you encourage the child to do an activity independently or with little assistance from an adult?

Reinforcing

Reinforce the parent by praising actions.

* Do you praise the parent for watching an activity he/she presented?

* Do you praise the parent for working with the child between visits?

Reinforce the parent's teaching technique and encourage the parent to strengthen a successful style.

* Is the parent comfortable with the teaching style?

* Are there modifications which need to be made in the parent's teaching style?

Reinforce the parent for reinforcing the child.

* Is the parent praising the child? If so, let the parent know that you like that quality.

* Does the parent appropriately reinforce the child during the teaching process? Let the parent know that it is good that he/she is praising the child.

II. DAILY CORRESPONDENCE SYSTEM

A. A parent-teacher conference is scheduled.

B. The teacher presents the parents with a list of skills prescribed for their child. The parents then choose one skill to work on with their child. Language acquisition and self-help skills are most likely to provide success.

C. The skill is broken up into a task analysis. For example: eating with a spoon could be broken into:

1. Picking up the spoon.
2. Scooping applesauce on the spoon.
3. Bringing spoon to the mouth.
4. Opening mouth and putting applesauce into the mouth.
5. Returning spoon to plate.

D. Specific directions (Figure 5.1) are written for each task, including materials used, the cue, the acceptable response, the reinforcer, and the criterion level of behavior.

E. The teacher models the teaching technique. The demonstration must include placement of materials used, the cue, the expected behavior, the consequences of behavior.

F. The parent models the activity for the teacher.

G. Reinforcement and suggestions for the parent are given.

H. The teacher may want to video-tape the parent, so the parent can view the process.

I. The teacher explains when to move on to the next level of behavior on the task analysis.

J. A form is developed to relay information between the parent and the teacher. A sample form is shown in Figure 5.2. The child was to answer correctly three consecutive times before attempting the next step. That explains the progression from Step 1 to Step 2 and Step 2 to Step 3. This form is passed between home and school daily with the child.

K. Periodic conferences should be scheduled to discuss the teaching techniques.

III. SMALL GROUP INSTRUCTION

A. A parent is trained to provide informal learning experiences in the home for a group of four or five children with the assistance of the children's mothers.

B. The training includes suggestions for activities in the natural atmosphere of the home. Parents learn to teach children through the use of walks, games, dramatic play, cooking, art activities, music, etc.

C. The para-parent then conducts small group instruction for four to five children four days a week for two hours per day.

D. The homes which are chosen for instruction should meet basic health and safety regulations.

E. The para-parent plans activities based on objectives in the cognitive, affective and psychomotor domains.

F. The para-parent attends weekly inservice sessions to discuss ideas and activities and to receive professional assistance from the staff.

G. The para-parent attends bi-monthly training sessions which address themselves to activities which can be conducted and to characteristics of preschool children.

H. Information concerning this model can be received from SPARKEY Center, 5400 Fourth Street, Wayne, Michigan 48184.

IV. RESOURCE CENTER

A. The center can establish an area which contains materials available for parents to check out for home use.

B. Included may be classroom items which would facilitate home instruction which is consistent with classroom goals and objectives. Materials may include books, games, records, pictures, manipulatives, etc.

C. Also, available should be materials of interest to parents concerning topics such as parenting, child development, facilitating communication, nutrition, and community resources.

D. Household items and materials for construction of learning tools should be added so parents can make items for home use. Scraps of fabric, cans, plastic containers, cardboard, egg cartons, nuts and bolts, buttons and magazines are samples of things that parents can add to the resource area.

E. The staff can conduct materials-making workshops to enable parents to develop learning materials that will aid the growth of their child.

F. Each item available for check-out or construction should include directions for use at home. For example: a color lotto must include directions for games that the parent can play with the child using the lotto.

G. Home visits can be scheduled to observe the parents utilizing the materials and to suggest other items which the parent could use with the child.

H. To encourage utilization of the resource area, the staff could periodically inform parents of the skills on which their child is working and which materials would facilitate growth in the skill.

I. Also, the parents could observe the classroom through a one-way mirror. At this time the objectives could be discussed. Then, parents could construct or check out items from the resource center to be used in conjunction with classroom objectives.

Taken from Parental Involvement, Kareen Tidball-Strickler. South Dakota Preschool Programs for the Handicapped, Title VI-C. p. 60-66.

Section VI: Resources

Alternative Methods of Meeting Part D Inservice Training Needs
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 (202) 833-4218 $1.25
This sixteen page article provides users of Part D funds, state education agencies, local districts, and colleges and universities, an explanation of nine alternative methods of meeting inservice training needs.

Amicus
c/o National Center for Law and the Handicapped
1235 North Eddy Street
South Bend, Indiana 46617
Amicus is published bimonthly by the National Center for Law and the Handicapped. Each issue includes brief reports on litigation, projects and programs relevant to the handicapped, legislation, and special topics, e.g. transportation. Amicus is written for both legal personnel and social scientists. Its content is well structured and allows for easy reading. The National Center for Law and the Handicapped also publishes Newsline, a newsletter regarding recent litigation affecting handicapped citizens.

An Analysis of P.L. 94-142
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. (202) 833-4218 $2.00
This document is a section by section analysis of the law, including a comparison of P.L. 94-142 with previous law and implications for state and local responsibilities.

A Bill of Rights for the Handicapped
National Advisory Committee on the Handicapped
BEH, USOE, Room 2604, ROB #3
400 Maryland Avenue, S.W.
Washington, D. C.
This three page article, which appeared in the July, 1976 issue of American Education, provides a summary of P.L. 94-142.

Child Identification: A Handbook for Implementation
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. (202) 833-4218 $2.00
A manual designed to assist state and local education agencies in developing child identification programs in compliance with Sec. 614(a) of P.L. 94-142. It describes how to set up and conduct urban and rural child identification systems, develop and use data collection forms, comply with confidentiality requirements, establish interagency cooperation, and use media in an awareness campaign.

Child Staffing: A Method of Planning for Students With Educational Problems
Jeff Grimes and Peter Malmburg
Iowa Department of Public Instruction
Division of Special Education
Grimes State Office Building
Des Moines, Iowa 50319
A training package for education personnel in the area of child staffing.
April 1974.

Closer Look
Box 1492
Washington, D. C. 20013
A free publication, this periodical is primarily directed toward issues relevant to handicapped individuals and their families. Topics covered include: educational programming, job hunting, conference reporting, and parenting problems.

Coming Back...Or Never Leaving: Instructional Programming for Handicapped Students in the Mainstream
Anne Langstaff Pasanella and Cara B. Volkmor
California Regional Resource Center
600 S. Commonwealth Avenue, Suite 1304
Los Angeles, California 90005 (213) 381-5231
1977. Intended to provide trainers of preservice and inservice educators with a carefully sequenced structure for designing and delivering training experiences. Included are a Trainer's Guide, a text, and five filmstrips/cassettes.

A Comparison - 504/94-142
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 (202) 833-4218 $2.00
Selected provisions of the proposed regulation of Section 504 of the Rehabilitation Act of 1973 are compared with selected provisions of P.L. 94-142, The Education for All Handicapped Children Act of 1975.

The Education for All Handicapped Children Act: P.L. 94-142
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia
1976. A CEC developed handbook interpreting major components and implications of P.L. 94-142 for state and local educational agencies.

Functions of the Placement Committee in Special Education: A Resource Manual.
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 (202) 833-4218
This resource manual is designed for primarily two audiences, local school district personnel and state education agency personnel. Its objective is to provide a guide for placement committees to follow in fulfilling their responsibilities, especially in developing individualized education programs for handicapped children, and a guide for those responsible for training placement committees in meeting federal and state requirements.

Gilding the Lilly: Comments on the Training-Based Model
G. Phillip Cartwright and Carol Cartwright
EXCEPTIONAL CHILDREN
Vol. 39, November 1972, pp. 231-234
An answer to M. S. Lilly's article on a training based model for special education. The authors provide specificity to the direct services and teacher education function areas of the training based model.

A Guide to Multidisciplinary Team Procedures for Children with Moderate Handicaps
Tim Crowner, Richard Buggs, and Clarence D. Spain
Badger School
501 East Badger Road
Madison, Wisconsin 53713

I.D.R.A. Newsletter
c/o Intercultural Development Research Association
5835 Callighan Road, Suite 111
San Antonio, Texas 78228
I.D.R.A. is a free newsletter and is intended to serve as a "vehicle for communication with educational personnel, school board members, parents, and general public concerning the educational needs of all children in Texas." It is an especially good source on bilingual educational progamming.

Instructional Development for Training Teachers of Exceptional Children
A Sourcebook
Sivasailam Thiagarajan, Dorothy S. Semmel, Melvyn I. Semmel
A joint publication of : Leadership Training,
Institute of Special Education;
The Center for Innovation In Teaching the Handicapped;
and The Council for Exceptional Children
Copies may be obtained from:
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091 195 pages $5.50
A sourcebook of ideas and procedures for the development and dissemination of instructional materials for teacher preparation programs.

Instructional Planning Workshop Materials
California Regional Resource Center
600 S. Commonwealth Avenue, Suite 1304
Los Angeles, California 90005
Materials are included from the IEP workshop.

Integrating Handicapped Children into Regular Classrooms
M. Glockner
College of Education Curriculum Laboratory
University of Illinois
Urbana, Illinois
1973. (ERIC No. ED 081500). The handicapped child in a regular classroom should not be viewed as atypical, but rather as a normal child with special strengths, weaknesses, and needs. This approach will enable both normal and handicapped children to accept and understand each other.

Interpreting the Effects of Recent Legislation and Litigation and Applying Them to Public School Personnel in Texas: A Guidebook
Marion J. Nesbit
Texas Regional Resource Center
211 East 7th Street
Austin, Texas 78701
November 1976. A question and answer format on the following topics: Confidentiality, Due Process, Appraisal, Placement, and others.

An Introduction to Individualized Education Program Plan in Pennsylvania
National Learning Resource Center of Pennsylvania
443 South Gulph Road
King of Prussia, Pennsylvania 19406
January, 1977. An introduction to the process of developing individualized education programs for handicapped, gifted, and/or talented children. Although some suggested guidelines for writing IEP plans will be presented, its primary purpose is to acquaint the reader with IEP plan writing as a process of related steps.

Law & Behavior: Quarterly Analysis of Legal Development Affecting Professionals in Human Services
Research Press
Box 31776
Champaign, Illinois 61820 $15.00 per year
Each quarterly analysis provides broad coverage of a number of issues, e.g. right to treatment, right to privacy, and major legal developments in the areas of education and applied psychology.

Mainstreaming Training Systems, Materials, and Resources: A Working List
Reece L. Peterson
Leadership Training Institute/Special Education
253 Burton Hall
University of Minnesota
Minneapolis, Minnesota 55455 (612) 373-4854
August, 1976. A beginning list of "mainstreaming" training systems, materials, and resources identified by the Institute. No endorsements of any kind are implied for the materials or services contained. Abstracts include information on the program's purpose, address, and a description.

Mental Disability Law Reporter
c/o Commission on the Mentally Disabled
1800 M Street, N.W.
Washington, D. C. 20036 $35.00 per year
Since only the preview edition of this periodical has been published, it is too early to review its contents. The Legal Resource Center plans to use this publication to provide a "continually updated compendium of legal materials for lawyers, administrators, professionals, and advocates involved in the mental disability area, and a total practice tool for lawyers involved in mental disability litigation." In perusing the preview issue, much of the materials covered by this publication is redundant to already existing periodicals, e.g. Amicus, Mental Health Law Project, Network. However, this periodical's credibility is based upon its director, Michael S. Lottman of the Legal Resource Center and its parent organization, The American Bar Association.

Mental Health Law Project: Summary of Activities
Suite 300, 1200 19th Street, N.W.
Washington, D. C. 20036
This free publication is trisponsored by the American Civil Liberties Union Foundation, the American Orthopsychiatric Association, and the Center for Law and Social Policy. While only published quarterly, each issue contains a fairly comprehensive update of the sponsor's activities, plus summaries of current litigation and major issues.

M-Teaming: A Multidisciplinary Decision Making Process
Robert Welton, Nancy Sweet, and L. James Stowell
C.E.S.A. #5
Special Education Department
Elmwood, Wisconsin 54740 (715) 639-4201
March, 1976. This publication contains three sections. Section One (Case Manager's Flow Chart) deals with the "what" and "why" of implementing the Handicapped Children's Act (Chapter 115) of Wisconsin. Section Two (Decision Making Model) attends to the "how to" implement procedures for programming children suspected of having handicapping conditions. Section Three (Teacher's Annual Report) presents a format for teachers to follow in developing instructional (short term) objectives from the M-Team Summary.

Network
c/o National Committee for Citizens in Education
Suite 410, Wilde Lake Village Green
Columbia, Maryland 21044 $8.00 per year
Advertised as a "National School Year Newspaper for Parents," it provides a lively, easy-reading format on the major issues relating to education to appeal to everybody. Complex issues, e.g. school financing, open records are decoded into lay terms.

Now More Than Ever: A Case For The Special Class
J. O. Smith and J. R. Arkans
EXCEPTIONAL CHILDREN, 40(7), April 1974, pp. 497-502
The education of the severely and profoundly retarded will rely even more on special classes and well-trained specialists. The authors discuss why regular classes are unsuitable for this type of population.

P.L. 94-142: The Education For All Handicapped Children Act of 1975
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia
A set of three filmstrips with three audio cassettes; scripts for each filmstrip; a copy of the law; and a question and answer format. This package was developed to help educators, parents, and the general public better understand the law.

A Planning Guide for the Development and Implementation of Full Services for All Handicapped Children
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 $2.50
This Planning Guide has been developed to help personnel in local education

agencies review their existing special education programs and plan for the development of additional services leading to a comprehensive program of full services for all handicapped children. The guide consists of three major components: I. A full services model program, II. Statements reflecting the responsibilities for special education, and III. Forms for assessing current programs and developing new program elements.

Public Policy and The Education of Exceptional Children
F. J. Weintraub, A. Abeson, J. Ballard, and M. L. VaVor (eds.)
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia
A comprehensive publication of federal and state laws and policies affecting the education of handicapped and gifted children. Includes a reprint of P.L. 94-142, as well as portions of other laws governing exceptional child education.

Questions and Answers on P.L. 94-142
NASDSE, Suite 610 E
1201 16th Street, N. W.
Washington, D. C. 20036 $2.00
Answers to the most frequently asked questions on P.L. 94-142. It is meant to be used as a reference for state and local education agency personnel in planning for implementation of the Federal law.

Selected Readings on State Planning in Special Education
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 $2.00
Three articles designed to assist state and local special education personnel in the process of state planning for implementing special education programs.

The Special Child in the Regular Classroom
R. H. Bradfield, et. al
EXCEPTIONAL CHILDREN, Feb. 1973, 39(5), 384-390
This study determined that, with some modifications in regular class programs, the handicapped child is able to attain as much if not more than his counterparts in self-contained special classes.

Special Education As Development Capital
Evelyn N. Deno
EXCEPTIONAL CHILDREN, Nov. 1970, 37, pp. 229-237
Advocates that special education should be "an instrument for facilitation of educational change..." as opposed to being a "curriculum and instruction resource" for categorized children. The author presents a cascade system of special education services which focuses treatment to individual needs.

Special Education Due Process - Hearing Officer's Manual
Iowa State Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa 50319
November, 1976. A manual for use in training personnel to serve as hearing officers in a due process procedure.

Some Thoughts on Mainstreaming
E. W. Martin
EXCEPTIONAL CHILDREN, November 1974, 41(3), 150-153
The barriers which must be overcome in mainstreaming include societal attitudes, the demands created on teacher education, the needs for pre-planning and programming, as well as more effective evaluation techniques.

South Dakota Preschool Programs for the Handicapped: Parental Involvement Component
Kareem Tidball-Strickler (ed.)
Section for Exceptional Children
State Capitol Complex
Pierre, South Dakota
1976. A collection of field tested guidelines and strategies for involving parents in the educational program of their preschool handicapped child.

A Topical Index to Proposed Federal Regulations on P.L. 94-142.
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036
December, 1976. This is a cross referenced index to the proposed regulations for P.L. 94-142 designed for use by administrators, teachers, and parents desiring a quick reference to various sections of the regulations.

Trainer's Guide for the IEP Workshop
NASDSE, Suite 610E
1201 16th Street, N.W.
Washington, D. C. 20036 (202) 833-4218
March, 1977. $3.00.

The Unfinished Revolution: Education for the Handicapped. Annual Report
National Advisory Committee on the Handicapped
U.S. Government Printing Office
Washington, D. C.
1976. Committee report summarizing the present status of education of the handicapped in the United States, highlighting the thread of events since the nation's founding and indicating what they saw as priority concerns for the future.

Will The Real "Mainstreaming" Program Please Stand Up! (Or Should Dunn Have Done It?)
J. D. Chaffin
FOCUS ON EXCEPTIONAL CHILDREN, Oct. 1974, 6(5), 1, 17
Mainstreaming is here defined as retaining the mildly retarded child in the regular education classroom and providing supplemental instructional support to the regular classroom teacher. Several suggestions are offered to those administrators considering a mainstreaming approach.

A Workshop For Interdisciplinary Faculty Teaming

and

A Handbook for Interdisciplinary Faculty Teaming

R and D Center for Teacher Education
Annex 3.203
The University of Texas at Austin
Austin, Texas 78712
Both are available at the above address. ($18.00 for the set of two)

Your School Records: Questions and Answers About a New Set of Rights For Parents and Students

Children's Defense Fund
1520 New Hampshire Avenue., N.W.
Washington, D. C. 20036 (202) 483-1470
October 1975. 11 pages. Frequent questions related to school records are answered on the following topics: Federal Law, Seeing the Records, Correcting the Records, Controlling Access to the Records, and Enforcing Your Rights.